

TO: FINANCE COMMITTEE

DEPARTMENT: Health Department

DATE: 5.7.15

AUTHORIZING SIGNATURE:

Tony Blawie

The following line-item budget transfer is requested in the budget for:

FROM				TO					
PROJECT TASK	UNIT	EXPENSE ACCOUNT	NAME	AMOUNT FROM	AMOUNT TO	UNIT	EXPENSE ACCOUNT	NAME	PROJECT TASK
	1015460	518900	Full Time Pay	3,442.62	3,442.62	1015448	516900	Part Time	
TOTALS				3,442.62	3,442.62	(TOTALS MUST EQUAL)			

REMARKS/JUSTIFICATION FOR REQUEST:

Funding part time position while employee out on leave

APPROVED:

L. R.

COUNTY MAYOR

DATE: 7/15/15

APPROVED AS TO AVAILABILITY OF FUNDS

[Signature]

DIRECTOR OF FINANCE

DATE: 7/15/15

APPROVED FOR TRANSFER OF FUNDS

[Signature]

CHAIRMAN, FINANCE COMMITTEESCHOOL BOARD

DATE: 7-27-15