## **BUDGET TRANSFER FORM**

Date	Date				
4. Approval - County Executive		Marie a	- Signature	ad Requesting - Signa	epartment Head F
s. Approval - Personnel & Finance P&F Vote			nature	risdiction - Signature :	ommittee of Juriso ommittee Vote:
Approved - Information System IS Vote:	1/10/12		unita	////////wance Dept.:	eviewed by Finance
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01 Regular Pay		9001	)53	00 053	00 100
		9001	)53	00 053	00 100
		9001	)53	00 053	00 100
01 Small Equipment		9001	)53	00 053	60 100
01 Postage and Box Rent		9001	)53	00 053	04 100
Other Operating Supplies		9001	)53	00 053	73 100
01 Automobile Allowance		9001	)53	00 053	51 100
01 Grants		9001	)53	053	08 100
extra pages if needed):	pages if needed):	ch extra page	pleted - Atta	flust be completed	scription (Mus
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rtment by the State of Wisconsin, Department of Health Servic					
rtment by the State of Wisconsin, Department of Health Servic nan Program Coordination Grant for Winnebago, Outagamie, F two full time staff with position title of Wisconsin Well Woma dinates breast and cervical cancer screening.	ogram Coordination ( ull time staff with pos	oman Program ds two full tim	This grant fur	n Counties. This gr	d Sheboygan C