## **BUDGET TRANSFER**

			Date	Committee Approvals required by:		
Department Requesting:				- Process and among all	Date	
Public Health				Facilities & Property Management		
		-		Committee Vote:	N/A	
Finance Dept Reviewer:						
,				Personnel & Finance		
				Committee Vote:		
Committee of Jurisdiction -						
Board of Hea <b>l</b> th				Information Technology		
		-		Committee Vote:	N/A	
Committee Vote:						
Passed County Board (Two-	hirds of bo	ard present):		Budget Adjustment impact:	_	\$0.00
ACC	NUN TNUC	/IBER				
				-		
		Object			I=Incr	
Org	Object	Description	Project	Budget Explanation	D=Decr	Amount*
105364	58004	Equipment	0502	LEAD PAINT ANALYZER	I=Incr	24,650
		Other Operating				
1053	53533	Supplies		LEAD PAINT ANALYZER	D=Decr	24,65
						*full dollars on
						(no pennie
	<u>Descriptio</u>	n (Must be com	pleted - Att	ach extra pages if needed):		
As the expense exceeds \$5k	the purcha	ase is considered	a capital ex	DPb HUD/EPA Lead Paint Analyzer to spense and funds must be transferred for nake available to other regional health of the same same in the same ind	rom operating sup	
				ENTRY NUMBER		