

BUDGET TRANSFER
Park View Health Center

DEPARTMENT NAME

Date _____	Date _____
Department Requesting - Signature _____	Approval - County Executive _____
Committee of Jurisdiction - Signature _____	Approval - Personnel & Finance _____
Committee Vote: _____	Committee Vote: _____
Reviewed by Finance Dept.: _____	Approved - Information Systems Committee _____
_____	Committee Vote: _____
Approved - Facilities & Prop Mgnt Committee _____	
Committee Vote: _____	Total amount of budget transfer..... \$ 30,500

ACCOUNT NUMBER

Org	Object	Project	Phase	Task	Object or Phase / Task Title	I=Incr D=Decr	Amount (Whole dollars only)
53559	58004					I	30,500

Description (Must be completed - Attach extra pages if needed):

Increase due to water heater bid. See attached bid
 Original budget 87,924
 Kontext design work 10,000
 Carry over amount is 77,924
 Minimum bid is 98,562
 Short 20,638
 Conting 9856
 Budget transfer needed 30,500

ENTRY NUMBER _____