

Budget Transfer Authorization

Budget Transfer No: _____

Date: 12/18/2018

Transfer From:

Unit	Dept	Exp/Capital No.	Description	Amount
7510		20	MISCELLANEOUS	\$ 120,000

Transfer To:

Unit	Dept	Exp/Capital No.	Description	Amount
7510		72	REFURB HEALTH INSURANCE	\$ 120,000

Statement as to Necessity of Budget Transfer:

COSTS HIGHER THAN ANTICIPATED; COVER
YEAR END STORAGE

Required Approvals*:

Unit Head:

Dept. Head:

Budget/Financial Analyst:

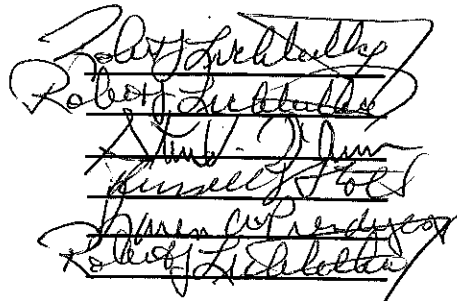
Executive Engineer:

Comptroller:

Deputy Director:

Executive Director:

Board Resolution Date:



* See Back of Form for "Outline of Approvals Required for Budget Transfers", Schedule A and "Approvals Required for Creation of New Budget Items", Schedule B