BUDGET TRANSFER

August 2022

DEPARTMENT NAME

SHERIFF

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

ACCOUNT NUMBER

Org	Object	Project	Phase	Task	Object or Phase / Task Title	I=Incr D=Decr	Amount (Whole dollars only)
1120	**42018**					I	150,000
1120	**55000**					I	146,500
1119	**52001**					I	3,500

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

DEPARTMENT OF JUSTICE GRANT, MEDICATION ASSISTED TREATMENT PROGRAM

ENTRY NUMBER _____