

## Budget Transfer Request

Requesting Dept: OMB Fund: SHIP Transfer #

**Requested By:** Carol Gilchrist **Date:** 8/25/2017

**Purpose:** Close out grant and reimburse Sheriff remainder of grant

**Fin. Serv.  
Use Only**

**Verified Available**

**Transfer:**

<b>From:</b>	1253525-523010 EM17	Life & Health Insuramce	\$	(5,568)	\$	5,568.00
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<b>From:</b>	01253525-524010 EM17	Workers' Compensation	\$	(1,012)	\$	1,012.00
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<b>To:</b>	01253582-591920 EM17	Trans to Sheriff	\$	6,580	\$	13,276.77
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To: \_\_\_\_\_

To: \_\_\_\_\_

To: \_\_\_\_\_

To: \_\_\_\_\_

To: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: 681 22/11

**Approved By:**

BOCC: \_\_\_\_\_ Clerk of Courts: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Services Use Only

Action Completed: \_\_\_\_\_

Signature/Date