

**LUZERNE COUNTY
BUDGET TRANSFER REQUEST**

Department Name _____ Dept # _____
 Area Agency on Aging _____ 9100

Action Type	Action	Fund	Div	Dept	Acct	Amount	Account Description
+ Line Item Increase	+	910	70	9100	560.55	1,340,500	Purchase Service - Agency
- Line Item Decrease	-	910	70	9100	510.20	(775,000)	Wages Represented
- Line Item Decrease	-	910	70	9100	530.30	(250,000)	Benefits Health Insurance
- Line Item Decrease	-	910	70	9100	530.45	(120,000)	Benefits Retirement
- Line Item Decrease	-	910	70	9100	550.29	(40,000)	Mileage Reimbursement
- Line Item Decrease	-	910	70	9100	550.45	(50,000)	Repairs / Maintenance - Buildings
- Line Item Decrease	-	910	70	9100	560.38	(2,500)	Advisory Council
- Line Item Decrease	-	910	70	9100	560.43	(20,000)	Senior Events
- Line Item Decrease	-	910	70	9100	560.45	(40,000)	Stipend - Sil / FGP
- Line Item Decrease	-	910	70	9100	560.64	(15,000)	Meeting / Conference/ Training Fees
- Line Item Decrease	-	910	70	9100	560.81	(20,000)	Senior Aides
- Line Item Decrease	-	910	70	9100	560.82	(8,000)	Title V
Total						0	(Must equal 0)

Explanation (Attach memo if necessary)
 Transfer from Wages Represented, Benefits Health Insurance, Benefits Retirement, Mileage, R&M Buildings, Advisory Council, Senior Events, Stipend - Sil/FGP, Meetings/Conferences, Senior Aides, and Title V to Purchase Service - Agency to cover contract payments through the end of the year.

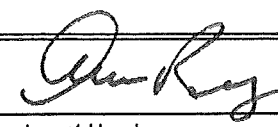
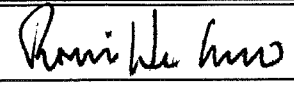
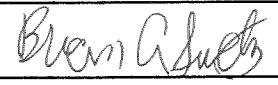
<i>Mary Roselle</i>	11/9/21	<i>Cynthia</i>	11/9/21
Department Head	Date	Division Head	Date
<i>Rami J. Crocchio</i>	11/12/21	<i>Brian A. [Signature]</i>	11/12/21
County Manager	Date	Budget & Finance Division Head	Date

**LUZERNE COUNTY
BUDGET TRANSFER REQUEST**

Department Name Dept #
 Community Development 4650

Action Type	Action	Fund	Div	Dept	Acct	Amount	Account Description
+ Line Item Increase	+	560	30	4650	550.30	\$1,000.00	Advertising
- Line Item Decrease	-	560	30	4650	590.32	-\$1,000.00	To Non Governmental Units
Total						\$0.00	<i>(Must equal 0)</i>

Explanation (Attach memo if necessary)
 This budget transfer is needed due to increase in advertising costs.

	
Date <i>10/21/21</i>	
Department Head	Division Head
	
Date <i>11/12/21</i>	Date <i>11/12/21</i>
Acting County Manager	Budget & Finance Division Head

**LUZERNE COUNTY
BUDGET TRANSFER REQUEST**

Department Name _____ Dept # _____
 Area Agency on Aging _____ 9100

Action Type	Action	Fund	Div	Dept	Acct	Amount	Account Description
+ Line Item Increase	+	910	70	9100	560.61	150	Subscriptions
- Line Item Decrease	-	910	70	9100	560.68	(150)	Miscellaneous Expense
Total						0	<i>(Must equal 0)</i>

Explanation (Attach memo if necessary)
 Increase Subscriptions to cover an additional Times Leader subscription. Decrease Miscellaneous expense.

<i>Mary Roselle</i>	8/31/21	<i>Lyn Hin</i>	8/31/21
Department Head	Date	Division Head	Date
<i>Romilda Crocco</i>	11/12/21	<i>Bryan G. Smith</i>	11/12/21
County Manager	Date	Budget & Finance Division Head	Date

