



**LUZERNE COUNTY
BUDGET TRANSFER REQUEST**

Department Name Dept #
 County Manager's Office 4112

Action Type	Action	Fund	Div	Dept	Acct	Amount	Account Description
+ Line Item Increase	+	100	10	4112	540.14	2,000	Office Supplies
- Line Item Decrease	-	100	10	4112	560.60	(2,000)	Dues/Memberships
Total						0	<i>(Must equal 0)</i>

Explanation (Attach memo if necessary)
 Funds are being moved from the Dues/Memberships line to the Office Supplies line. This is necessary to cover employee recognition costs.

Department Head Date	Division Head Date
 Date: 3/19/17	 Date: 3-19-17
County Manager Date	Budget & Finance Division Head Date