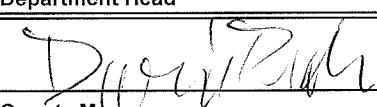
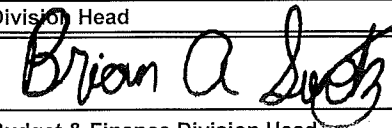


**LUZERNE COUNTY
BUDGET TRANSFER REQUEST**

Department Name Dept #
 County Manager's Office 4112

Action Type	Action	Fund	Div	Dept	Acct	Amount	Account Description
+ Line Item Increase	+	100	10	4112	540.73	250	Postage
- Line Item Decrease	-	100	10	4112	560.60	(250)	Dues/Memberships
Total						0	<i>(Must equal 0)</i>

Explanation (Attach memo if necessary)
 Line item for 2017 had minimal amount budgeted. Due to postage costs an increase is needed in this line item.

Department Head Date	Division Head Date
 8/23/17	 8/23/17
County Manager Date	Budget & Finance Division Head Date