

2015



**LUZERNE COUNTY
BUDGET TRANSFER REQUEST**

Department Name	Dept #
County Council	4111

Action Type	Action	Fund	Div	Dept	Acct	Amount	Account Description
+ Line Item Increase	+	100	10	4111	550.30	400	Advertising
- Line Item Decrease	-	100	10	4111	540.14	(400)	Office Supplies
Total						0	(Must equal 0)

Explanation (Attach memo if necessary)

Cover outstanding 2015 advertising bills. Office supplies had money due to little supplies being order in 2015.

<i>[Signature]</i>	1-22-16	<i>[Signature]</i>	1-23-16
Department Head	Date	Division Head	Date
NOT REQUIRED		<i>[Signature]</i>	1-27-16
County Manager	Date	Budget & Finance Division Head	Date

2015



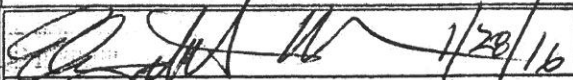
**LUZERNE COUNTY
BUDGET TRANSFER REQUEST**

Department Name Dept #
Solid Waste Management 4320

Action Type	Action	Fund	Div	Dept	Acct	Amount	Account Description
+ Line Item Increase	+	530	50	4320	530.30	\$1,100.00	Benefits Health Insr
- Line Item Decrease	-	530	50	4320	550.15	(\$1,100.00)	Other Contractual Services
Total						0	<i>(Must equal 0)</i>

Explanation (Attach memo if necessary)

Transfer needed to fund increased 2015 healthcare costs.

	<i>1/28/16</i>		
Department Head	Date	Division Head	Date
<i>Terrin Pehr</i>	<i>1/28/16</i>	<i>Brian C. Smith</i>	<i>1/28/16</i>
County Manager	Date	Budget & Finance Division Head	Date