



**LUZERNE COUNTY  
BUDGET TRANSFER REQUEST**

Department Name Dept #  
 Luzerne County Corrections 40

Action Type	Action	Fund	Div	Dept	Acct	Amount	Account Description
+ Line Item Increase	+	100	40	4233	550.34	3,465	Insurance-Liability/Casualty
- Line Item Decrease	-	100	40	4233	550.15	(3,465)	Other Contractual Services
<b>Total</b>						<b>(0)</b>	<b>(Must equal 0)</b>

**Explanation (Attach memo if necessary)**  
 Department of Corrections is requesting a transfer to cover the remaining balance for law enforcement liability premium. Budget amount was an estimate of the premium before actual renewal.

<i>Mal Rabin</i> Department Head	<i>Mal Rabin</i> Division Head
2/28/19 Date	2/28/19 Date
<i>D. ...</i> County Manager	<i>Bruce A. Suetz</i> Budget & Finance Division Head
4/4/19 Date	4-1-19 Date

