

**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	550.12	(9,200)	Excess WC Premium
- Line Item Decrease	-	910	70	9100	550.29	(20,800)	Mileage Reimbursement
	+	910	70	9100	540.70	30,000	Small Tools & Minor Equip
<b>Total</b>						<b>0</b>	<b>(Must equal 0)</b>

**Explanation (Attach memo if necessary)**  
 We are reallocating funds from Excess Workman's Comp because our invoice for 2020 was less than anticipated and from Mileage Reimbursement because traveling to consumer homes has been suspended due to COVID 19. We are allocating those funds to Small Tools and Minor Equipment so that we can continue to update furniture at the 17 Active Adult Centers.

<i>May Rescoe</i> Department Head	Date 6/1/20	<i>Lynn Hui</i> Division Head	Date 5/28/2020
<i>David Pardi</i> County Manager	Date 6/29/20	<i>Brian A. Lynch</i> Budget & Finance Division Head	Date 6/29/20

**LUZERNE COUNTY  
BUDGET TRANSFER REQUEST**

Department Name *Coroner*

Dept # *4193*

Action Type	Action	Fund	Div	Dept	Acct	Amount	Account Description
+ Line Item Increase	+	100	60	4193	540.7	5,000	Small tools & minor equip
- Line Item Decrease	-	100	60	4193	599.22	(5,000)	Forensic Examinations
	+	100	60	4193	540.7	1,000	Small tools & minor equip
	-	100	60	4193	599.25	(1,000)	Toxicology
<b>Total</b>						<b>0</b>	<b>(Must equal 0)</b>

**Explanation (Attach memo if necessary)**

Transfer is needed due to the unexpected increase in deaths from the Covid-19 virus, and the need for additional supplies and equipment to handle these cases.

<i>James A. ...</i> <b>Department Head</b>	<i>Joan D. ...</i> <b>Division Head</b>
<i>Dave ...</i> <b>County Manager</b>	<i>Bruce A. ...</i> <b>Budget &amp; Finance Division Head</b>

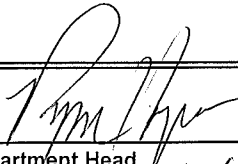
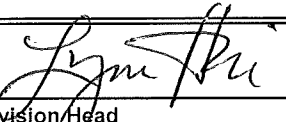
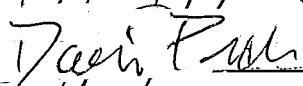
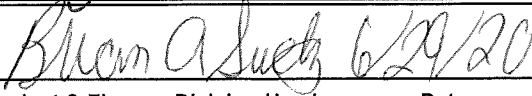
**LUZERNE COUNTY  
BUDGET TRANSFER REQUEST**

Department Name Dept #  
 Drug & Alcohol 9600

Action Type	Action	Fund	Div	Dept	Acct	Amount	Account Description
+ Line Item Increase	+	960	70	9600	550.30	450	Advertising
- Line Item Decrease	-	960	70	9600	560.58	(450)	Provider Srevices
<b>Total</b>						<b>0</b>	<i>(Must equal 0)</i>

**Explanation (Attach memo if necessary)**

We are requesting a budget trasfer to:  
 - Increase Advertising by \$ 450.00, This increase is due to the publication for Request for proposals for the 2020-2025 Grant Agreement.  
 - Decrease Provider services by \$ 450.00.

 Department Head	6-12-20 Date	 Division Head	6/17/2020 Date
 County Manager	6/29/20 Date	 Budget & Finance Division Head	6/29/20 Date