LUZERNE COUNTY
BUDGET TRANSFER REQUEST

Department Name: Assessment | **Dept #** 4136

Action Type	Action	Fund	Div	Dept	Acct	Amount	Account Description
+ Line Item Increase	+	100	20	4136	550.29	$ 4,000.00	Mileage Reimbursement
- Line Item Decrease	-	100	20	4136	530.10	$ (4,000.00)	Benefits - HC Opt Out
					Total	$ -	*(Must equal 0)*

Explanation (Attach memo if necessary)

Due to the increases in per mile reimbursement mid-year, more money is needed in mileage reimbursement. With only one employee pulling from the opt out in 2022, there is enough money in Benefit Health Care Opt Out to cover mileage for 2022.

[signature]	12/12/22	[signature]	12/12/22
Department Head	Date	Division Head	Date
[signature]	12-19-22	[signature]	12/19/2022
County Manager	Date	Budget & Finance Division Head	Date

LUZERNE COUNTY
BUDGET TRANSFER REQUEST 2022

Department Name	Dept #
DISTRICT ATTORNEY	4194

Action Type	Action	Fund	Div	Dept	Acct	Amount	Account Description
+ Line Item Increase	+	100	12	4194	540.14	$ 500.00	Supplies
- Line Item Decrease	-	100	12	4194	530.10	$ (500.00)	Benefits Health Care Opt Out
					Total	0.00	*(Must equal 0)*

Explanation (Attach memo if necessary)

Transfer to cover cost of expenses for Supplies.

		[signature]	12/14/22
Department Head	Date	Division Head	Date
[signature]	12-19-2022	[signature]	12/15/22
County Manager	Date	Budget & Finance Division Head	Date

LUZERNE COUNTY
BUDGET TRANSFER REQUEST 2022

Department Name	Dept #
DISTRICT ATTORNEY	4194

Action Type	Action	Fund	Div	Dept	Acct	Amount	Account Description
+ Line Item Increase	+	100	12	4194	560.61	$ 1,000.00	Subscriptions
- Line Item Decrease	-	100	12	4194	530.10	$ (1,000.00)	Benefits Health Care Opt Out
					Total	0.00	*(Must equal 0)*

Explanation (Attach memo if necessary)

Transfer to cover cost of expenses for Subscriptions.

		[signature]	12/14/22
Department Head	Date	Division Head	Date
Brian A Sudz	12-19-22	Chris Dolissante	12/15/22
County Manager	Date	Budget & Finance Division Head	Date

LUZERNE COUNTY
BUDGET TRANSFER REQUEST 2022

Department Name	Dept #
DISTRICT ATTORNEY	4194

Action Type	Action	Fund	Div	Dept	Acct	Amount	Account Description
+ Line Item Increase	+	100	12	4194	540.14	$ 914.26	Office Supplies
- Line Item Decrease	-	100	12	4194	530.15	$ (914.26)	Benefits Uniform Allowance
					Total	0.00	*(Must equal 0)*

Explanation (Attach memo if necessary)

Transfer to cover cost of supplies.

		[signature]	12/5/22
Department Head	Date	Division Head	Date
[signature]	12-19-22	[signature]	12/6/22
County Manager	Date	Budget & Finance Division Head	Date