APPROPRIATION TRANSFER REQUEST  1699 R4E MILWAUKEE COUNTY  DEPARTMENT NAME DEPARTMENT OF HEALTH AND HUMAN SE								FISCAL YEAR DEPT. NO. INSTRUCTIONS: REFER TO MILW. COUNTY 2018 8000 ADMINISTRATIVE MANUAL SECTION 4.05 FOR				
								2018 RVICES	8000	INSTRUCTIONS ON PREPARING THIS FORM.		
	е Арр	opriation	s Reques	ted Below D	enied For Th	ne Current	t Budget?	Yes				
	Line			ACCOUN	T DISTRIBU Revenue/O	TION			•			DAS Account
	No.	Fund	Agency	Org. Unit	bject	Activity	Project		OT CODE DESC	RIPTION	Transfer Request	Modification
TO (Credit)	1	0001	8000	8342	5495			Pers Serv Indi	rect Abatement		\$ 114,315.00	
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	1			1					TC	TOTALS (Credit)	\$ 114,315.00	\$ -
FROM (Debit)	1	0001	1940	1945	8901			Appropriation	for Conting		\$ 114,315.00	
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	FROM TOTALS (Debit)									\$ 114,315.00	\$ -	
							EXPL	ANATIO	N			
TYPE OF	TRAN	SFER			ЕВ			RB	1	TRANSFER NO.	•	
D 4 == = :	B=-		I	l love	1F A		SPACE IS REQUIR		H ADDITIONAL PAG			
DATE OF	REQU	QUEST SIGNATURE OF DEPART				RIMENT	IT HEAD			TITLE		
	12/1	2/2017	<b>~</b>	×	<del>\</del>	)				Director, Dep	partment of Administrativ	e Services
A					of Administ	tration	County	Executive	Finance	Committee	County Bo	ard
c	DAT	E									, , , , , , , , , , , , , , , , , , , ,	

APPROVE DISAPPROVE

MODIFY

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