

**APPROPRIATION TRANSFER REQUEST**

1699 R4E

MILWAUKEE COUNTY

FISCAL YEAR  
2018

DEPT. NO.  
4900

**INSTRUCTIONS: REFER TO MILW. COUNTY ADMINISTRATIVE MANUAL SECTION 4.05 FOR INSTRUCTIONS ON PREPARING THIS FORM.**

DEPARTMENT NAME Medical Examiner

Were Appropriations Requested Below Denied For The Current Budget?								Yes			
TO (Credit)	Line No.	ACCOUNT DISTRIBUTION						OBJECT CODE DESCRIPTION	Transfer Request	DAS Account Modification	
		Fund	Agency	Org. Unit	Revenue/Obj	Activity	Project				
		0001	490	4900	5495			Pers Serv Indirect Abatement	\$ 30,015.00		
<b>TO TOTALS (Credit)</b>									<b>\$ 30,015.00</b>	<b>\$ -</b>	


FROM (Debit)	Line No.	ACCOUNT DISTRIBUTION						OBJECT CODE DESCRIPTION	Transfer Request	DAS Account Modification
		Fund	Agency	Org. Unit	Revenue/Obj	Activity	Project			
		0001	194	1945	8901			Unallocated Contingency	\$ 30,015.00	
<b>FROM TOTALS (Debit)</b>									<b>\$ 30,015.00</b>	<b>\$ -</b>

**EXPLANATION**

The 2018 Adopted Budget for Department does not include funding of \$30,015 for public safety personal services. This transfer would restore the public safety personal services by transferring funds from the unallocated contingency. There is no tax levy impact to this transfer.

TYPE OF TRANSFER							TRANSFER NO.
	AP		EB			RB	

IF ADDITIONAL SPACE IS REQUIRED, PLEASE ATTACH ADDITIONAL PAGES.

DATE OF REQUEST	SIGNATURE OF DEPARTMENT HEAD	TITLE
12/12/2017		Director Dept. Administrative Services

A c t i o n		Dept. of Administration	County Executive	Finance Committee	County Board
	DATE				
	APPROVE				
	DISAPPROVE				
	MODIFY				