

Board of County Commissioners



REIMBURSEMENT OF FUNDS

(Reimburses a fund originally used to pay for a service – moves cash from one fund to another)

Date:

Submitted by:

Office/Department:

FROM: EXPENSE CODE	EXPENSE CODE DESCRIPTION	TO: REVENUE CODE	REVENUE CODE DESCRIPTION	AMOUNT
2083-09-410-504200	Human or Soc Svc Reimb	2035-09-410-409511	Soc Svc/Reimb	\$10,000.00

Rationale:

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Amend Certificate of Estimated Resources?

Yes

No

(If yes, please submit the appropriate form along with this request.)

Signature of Approving Authority: _____

For use by the Commissioners' Office:

Resolution Number: _____

Date: _____

