

# Board of County Commissioners



## ADVANCE OF FUNDS or RETURN OF ADVANCE

(An advance of funds must be returned or paid back within the same calendar year)

Date:

Submitted by:

Office/Department:

FROM: EXPENSE CODE	TRANSFER CODE DESCRIPTION	TO: REVENUE CODE	TRANSFER CODE DESCRIPTION	AMOUNT
1001-17-990-507000	County-Transfers	2060-90-360-490000	Mvgt-Transfer	\$200.00

Rationale:

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: \_\_\_\_\_