

TOWN OF KILL DEVIL HILLS

BUDGET TRANSFER REQUEST



<i>Finance Department Use Only</i>
<i>Budget Transfer Number: 24</i>
<i>Finance Officer: AD</i>

INCREASE			(DECREASE)		
CODE	ACCOUNT DESCRIPTION	AMOUNT	CODE	ACCOUNT DESCRIPTION	AMOUNT
5150 506000	Funding for Health Plan	\$9,850.00	5100 502000	Salaries	(\$9,850.00)
TOTAL		\$9,850.00	TOTAL		(\$9,850.00)

JUSTIFICATION: Transfer funds to cover expenses for the health insurance of an employee who needed family coverage but single Coverage was reflected in budget

RECOMMENDED: APPROVED:

DATE: June 13, 2022