



City of New Haven  
Office Of Management and Budget  
Justin M. Elicker, Mayor  
Michael Gormany, City Budget Director  
Budget Transfer Form

Agency Name	Health Department						Fiscal Year	2024			
Date Prepared	Tuesday, November 28, 2023						Fiscal Year Quarter	2			
Transfer Number	301-24-1										
Transfer Explanation											
Transfer is needed to cover temporary staffing services for nurses											
FROM							TO				
	Organization Name	Organization Code	Object Code Name	Object code	Transfer Amount		Organization Name	Organization Code	Object Code Name	Object code	Transfer Amount
1	Health Dept	13011010	Salary	50110	1,200,000		Health Dept.	13011010	Misc. Svc	56699	1,200,000
2					0.00						0.00
3					0.00						0.00
4					0.00						0.00
5					0.00						0.00
6					0.00						0.00
	Total				\$1,200,000.00		Total				\$1,200,000.00

Department Head/Chief or Deputy/Assistant \_\_\_\_\_ Date \_\_\_\_\_

Coordinator of Deputy Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Chief of Staff/Budget Director/Controller/OMB Staff \_\_\_\_\_ Date \_\_\_\_\_