	TRANSFER OF FUND	S REQUESTS FOR FY	17 - PERIOD EI	NDING 11/25/2016			
		NON-CAPITAL PRO					
DEPARTMENT/	TRANSFER FROM	TRANSFER TO					
ITEM #	ACCOUNT	ACCOUNT	AMOUNT	DESCRIPTION			
112.00 #	ACCOUNT	ACCOUNT	AMICONT	BESOKI HON			
luman Resources							
1	6590 351000	65901350 501395	\$ 40,000.00	A transfer of funds is requested to accept and appropriate			
		EMPHEALTH-EWELL5		2017 United HealthCare We∎ness Allowance.			
						-	
ublic Health and Human So	ervices						
1	11003030 462100	11003030 501220	\$ 200.00	A transfer of funds is requested for an			
	HEALTH GHEALV	HEALTH GHEALV	\$ 200.00	ordinance authorizing the City Manager to sign			
2	11003030 462100	11003030 501392	\$500.00	Amendment #03 to the Healthy Eating Active			
	HEALTH GHEALV	HEALTH GHEALV		Living in Local Communitites Contract			
3	11003030 462100	11003030 501395	\$ 8,900.00	#AOC15380128 between the City of Columbia			
	HEALTH GHEALV	HEALTH GHEALV		and the Missouri Department of Health and			
4	11003030 462100	11003030 502010 HEALTH GHEALV	\$ 400,00	Senior Services. Amendment #03 renews the current contract and shall not exceed \$50,000		-	
5	HEALTH GHEALV 11003030 462100	11003030 504310	\$ 6,500.00	for the period of October 1, 2016 through		+	
	HEALTH GHEALV	HEALTH GHEALV	ψ 0,500,00	September 30, 2017.			
6	11003030 462100	11003030 504840	\$ 500.00				
	HEALTH GHEALV	HEALTH GHEALV					
7	11003030 462100 HEALTH GHEALV	11003030 504990	\$ 33,000.00			-	
	REALIN GREALV	HEALTH GHEALV				+ + + + + + + + + + + + + + + + + + + +	
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