

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

FROM: WARREN CO. PUBLIC DEFENDER
Name of Department

SIGNED: John P.M. Wappett

DATE: 09/08/2010

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
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Please state reason for transfers requested:

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 439	Contingent Fund \$9,000	439	Miscellaneous	

Please state reason for transfer request: Purchase and Installation of NYS Defender's Association PD Case Tracking Program.

Please file original request with Clerk of the Board and retain copy for your records.