

Division of Grants & Local Health Accounting
 Local Health Department
 Request for Approval

MEMORANDUM

To: _____ **Date:** _____
From: _____ **Phone:** _____
LHD: _____ **Contract Number:** _____
Program: _____ **Funding Period:** _____

Funding Administration approval is requested for unbudgeted expenditures, over-expenditures of controlled line items and/or additional expenditures resulting from excess fee collections. **Please indicate approval or disapproval below and deliver or fax this form, within 5 days, to the following:**

_____, 410-383-1598, Div. of Grants and Local Health Accounting
 Grant officer

_____, _____, _____ **LHD**
 Fax

Line Item Number/Description	Amount	Approved	Disapproved

Other action/Comments. Please specify:

 Date

 Local Health Department Signature

 Date

 Program Administration Signature