

MARYLAND DEPARTMENT OF HEALTH

GAD FORM G-8

CERTIFICATION OF SPECIAL FUND AND/OR NON-BUDGETED BALANCE

FISCAL YEAR _____

Appn. Number(s) (i.e., A0101)

Unit Name

1. The Special Fund balances listed below are not subject to transfer to the state's General Fund due to the following exemptions (list specific legal reference or other authority for each amount forwarded):

APPRO#	PCA	\$ AMOUNT	DESCRIPTION	LEGAL REFERENCE

2. Negative Non-Budgeted cash amounts at June 30th reflected on R*STARS DAFRG900 and/or DAFR9090 report resulted from conditions listed below:

APPR#	PCA	\$ AMOUNT	JUSTIFICATION

 Authorizing Person's Signature

 Authorizing Person's Printed Name & Phone Number

 Authorizing Person's Title

 Date