CLEAR FORM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

GAD FORM G-8

CERTIFICATION OF SPECIAL FUND AND/OR NON-BUDGETED BALANCES

FISCAL YEAR _____

_____ _____

Appn. Number(s) (ie.,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):

APPR#	PCA	$ AMOUNT	DESCRIPTION	LEGAL REFERENCE

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

APPR#	PCA	$ AMOUNT	JUSTIFICATION

_____

Authorizing Person's Signature

_____

Authorizing Person's Printed Name & Phone Number

_____

Authorizing Person's Title

_____

Date