STATE AGENCY TEMPORARY EMPLOYEE INSURANCE APPLICATION FOR APPROPRIATION AUTHORITY TRANSFER

OFFICE OF MANAGEMENT AND BUDGET
FISCAL MANAGEMENT
SFN 60722 (6-2015)

Return completed/signed form to:
ND Office of Management and Budget (OMB)
Fiscal Mangement Division
600 East Boulevard Ave, Dept 110
Bismarck, ND 58505-0400

If you have questions, contact OMB:
701-328-2680 or omb@nd.gov

Agency Name	Agency Number	Name of Contact	Contact Telephone Number

Agency Director Approval (signature)	Date Approved	Pay Date(s) From: To:

Employee Name (Last, First, MI)	Position Number	Business Unit	Total Premium	Employee Portion	Employer Portion	Amount of Appropriation Transfer				
						General Fund	Special Funds	Federal Funds	Total Funds	Transfer to Agency Appropriations Line Number
Example, Employee	00000001	11000	$544.28	$93.18	$451.10	$351.10	$100.00		$451.10	11010
					TOTALS					

NOTE: The total Employer Portion column and Total Funds column must match. Funding source(s) should match funding payroll allocation for the position. Requests may be submitted monthly or quarterly. Appropriation transfer will be made after the 10th on a quarterly basis. OMB will verify actual expenses prior to transferring the appropriation.