TO: Dr. Kim S. Eagle		S Fagle	COUNTY MANAG	LED.	
	4000	-			
FROM:	4330 Dept. #	Emergency Ma Department			
	·		2-8-2022		
	Kevin Gordon Department Dire	ector's Name			
	'				
TYPE OF REQUE	ST:				
Line Item	Transfer Within Dep	partment & Fund	Line Item	Transfer Between F	Funds *
Project Tr	ransfer Within Depar	tment & Fund	X Addition	al Appropriation of F	unds *
Line Item	Transfer Between D	epartments*	<u>* Requires</u>	resolution by the Bo	pard of Commissioners
		· ·	ACCOUNT NUMBER		AMOUNT
ACCOUNT DESCRIPTION		N	Fund - Function - Dept - Division - Object	- Project	Whole Dollars Only
(As it appears in the budget)			XXX - XX - XXXX - XXXX - XXXXX -	xxxxxx	(See Note Below)
Nat'l Bobblehead Museum Donatn Nat'l Bobblehead Museum Donatn			4330-0000-415001-22039 4330-0000-560000-22039		(50,000) 50,000
for personalized	ional Bobblehea I protective equip		arded to Gaston County End supplies, and any items r	elated to COVID	