	GA	ASTON CO	OUNTY BUDGET (	CHANGE REQUEST	Γ
TO:	TO: Dr. Kim S. Eagle		COUNTY MANAGER		
FROM:	FROM: 4521 DHHS		S-Social Services		
T KOW.			partment Name		
Angela Karchmer		er	2/4/20	21	
	Department Director's Name		e Date		
TYPE OF REQUE	ST:				
Line Item	Transfer Within Dep	partment & Fun	Line Item Transfer Between Funds *		
Project Tr	ansfer Within Depar	tment & Fund		X Additional Appropriation	on of Funds *
Line Item	Transfer Between D	epartments*		* Requires resolution by	the Board of Commissioners
			ACCOL	INT NUMBER	AMOUNT
ACCOUNT DESCRIPTION			Fund - Function - Dept - Division - Object - Project		Whole Dollars Only
(As it appears in the budget)			XXX - XX - XXXX - XXXX - XXXXX		(See Note Below)
Coronavirus Rel Salaries: Corona	avirus Vaccine	sp	010-01-4521-0000-42 010-01-4521-0000-51		(\$39,394) \$39,394
Coronavirus vac	received NCDO- ccine. No county	match requi	ired.	sed to transport clients t	o appointments for the
				s require interfund transfer	