	GAS	TON COUNTY BUD	GET CHAN	GE REQUEST	
TO: <u>Earl Mathers</u>		ers	COUNTY MANAGER		
FROM:	5100	DHHS - Public Healtl	h		
	Dept. #	Department Name			
Ī	Department Directo	or's Signature [Date		
YPE OF REQUES	ST:				
Line Item Transfer Within Department & Fund				ine Item Transfer Between I	Funds *
Project Transfer Within Department & Fund			X Additional Appropriation of Funds *		
Line Item T	ransfer Between Depa	rtments*	<u>* F</u>	Requires resolution by the B	oard of Commissioners
			Resolution	on# D	Pate
		ACCOUNT NUI	MBER	PROJECT	AMOUNT
ACCOUNT DESCRIPTION		Fund - Dept - Subdept - Div - Acct - Subacct		SUBPROJECT	Whole Dollars Only
(As it appears in the budget)		xx - xxxx - xxxx - xxxx - xxx		xxxxx - xxxx	(See Note Below)
		11-5100-5150-5151-32	11-5100-5150-5151-320-505		(\$100
pecial Programs		11-5100-5150-5151-298-000		17036-0001	\$100
funds from the Nworks with minor	nty Department of IC Division of Pub ity populations to	Health and Human Servolic Health for the Health lower infant mortality and ices and educational and	hy Beginnings d low birth-we	Program. The Heal Fight rates. The funds	thy Beginnings Program will be used for Healthy
APPROVAL SIGI	NATURES:				
County Manager/Interim Assistant County Manager Date			Financial Operations Manager/Asst. Financial Operations Mgr. Date		
			Interim Budget	Administrator	Date
Note: Decreases i	n expenditures & ir	ncreases in revenue accou	ınts require bra	ackets. Increases in ex	penditures & decreases i