	G	ASTON CO	OUNTY BUDGET	CHANGE REQUE	EST
TO:	O: <u>Dr. Kim S. Eagle</u>		COUNTY MANAGER		
FROM:	4950				
i Kowi.	Dept. #			<del></del>	
	David Fogarty		2/12/2	020	
		artment Director's Name		<del></del> e	
TYPE OF REQUE	ST:				
Line Item Transfer Within Department & Fund  Line Item Transfer Between Funds *					
Project Tr	ansfer Within Depa	rtment & Fund	Γ	X Additional Appropri	riation of Funds *
Line Item Transfer Between Departments*  * Requires resolution by the Board of Commissioners					
		·	ACCO	UNT NUMBER	AMOUNT
ACCOUNT DESCRIPTION			Fund - Function - Dept - Division - Object - Project		Whole Dollars Only
(As it appears in the budget)			XXX - XX - XXXX - XXXX - XXXXX - XXXXXX		(See Note Below)
Fee Based Prog:Food/Supplies Fee Based Prog:Food/Supplies Something Pumkin 4-H Programs Donations		010-07-4950-4950-415013-15226 010-07-4950-4950-560000-15226 010-07-4950-4950-560000-17272 010-07-4950-4952-560000-16276 010-07-4950-4950-415001-		[245 92: 3,000 1,600 [5,280	
_	nge request is to ams and Suppli	es and 4-H F	Programs project acco		ns to Something Pumkin, ate \$245 in participating fees to
Note: Decreases in expenditures & increases in revenue accounts require brackets. Increases in expenditures & decreases in revenue do not require brackets. Please note that transfers between funds require interfund transfer accounts.					