	GAS	TON COUNTY BUD	GET CHAN	GE REQUEST	
TO:	O: <u>Earl Mathers</u>		COUNTY MANAGER		
FROM:	5100 Dept. #	DHHS - Public Health Department Name	1		
Ī	Department Directo	or's Signature E	Date		
TYPE OF REQUES	ST:				
Line Item T	ransfer Within Departm	nent & Fund	L	ine Item Transfer Between	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	soard of Commissioners
			Resolutio	n # D	Pate
		ACCOUNT NUM	MBER	PROJECT	AMOUNT
ACCOUNT DESCRIPTION		Fund - Dept - Subdept - Div - Acct - Subacct		SUBPROJECT	Whole Dollars Only
(As it appears in the budget) xx		xx - xxxx - xxxx - xxxx	x - xxx - xxx	xxxxx - xxxx	(See Note Below)
Health - State Grant 11-5100-5130		11-5100-5130-320-505	5		(\$382
Drugs		11-5100-5130-238-000	)		\$382
funds from the Nassist the Public Planning Clinic.	nty Department of C Division of Pub Health Departmen	Health and Human Serviolic Health for the Family not to assist with the purcused for the purchase of bunty funds.	y Planning Pr chase of conti	ogram. The addition raceptives and medicate	al funding is provided to al supplies in the Family
APPROVAL SIGI	NATURES:				
County Manager/Interim Assistant County Manager Date			Financial Operations Manager/Asst. Financial Operations Mgr. Date		
			Interim Budget Administrator		Date
		ncreases in revenue accou e note that transfers betwee			