D	Earl Mather 4950 Dept. #		COUNTY M	MANAGER		
			COUNTY MANAGER			
		NC Cooperative Exte	ension			
D	•	Department Nam				
D	David Faculty	·				
	David Fogarty Department Director	's Signature	4/26/16 Date			
ΓΥΡΕ OF REQUES	oparament Biroctor	o oignataro	Date			
	ST:					
Line Item Tr	ransfer Within Departme	ent & Fund		ine Item Transfer Between	Funds *	
Project Transfer Within Department & Fund			X Additional Appropriation of Funds *			
Line Item Tr	ransfer Between Depart	ments*	<u>* F</u>	Requires resolution by the B	Board of Commissioners	
			Resolution	on# D	Date	
		ACCOUNT N	UMBER	PROJECT	AMOUNT	
ACCOUNT DESCRIPTION		Fund - Dept - Subdept - I	Div - Acct - Subacct	SUBPROJECT	Whole Dollars Only	
(As it appears in the budget)		xx - xxxx - xxxx - x	·	xxxxx - xxxx	(See Note Below)	

•	•	10-4950-4950-891-5		15226-0001	[1,200	
ee Based Programs food/supplies		10-4950-4950-298-0	100	13220-0001	1,200	
JUSTIFICATION FO		om Caston County F	arm Buraau ¢1	1000 is to support Ext	ension's Healthy Harves	
•		•		rmland educational mo	•	
Johnson Garaching	, programo. ψ 200 k	o to support public off	owing or the rai	mana cadoatona me	TVIC.	
APPROVAL SIGN	NATURES:					
County Manager/Interim Assistant County Manager Date			Financial Operations Manager/Asst. Financial Operations Mgr. Date			
				Interim Budget Administrator Date		
Matar Danie	a sum a multi-		-		xpenditures & decreases i	