TO: Earl Mathers		COUNTY MANAGER		
FROM: 4122	Human Resources			
Dept. #	Department Name	;		
Pam Overcash	4	I-29-16		
Department Directo	r's Signature	Date		
PE OF REQUEST:				
Line Item Transfer Within Departm	ent & Fund	Li	ne Item Transfer Between	Funds *
Project Transfer Within Departmer	nt & Fund	X	Additional Appropriation of	Funds *
Line Item Transfer Between Depar	tments*	<u>* F</u>	Requires resolution by the	Board of Commissioners
		Resolutio	n#	Date
	ACCOUNT NU	MBER	PROJECT	AMOUNT
ACCOUNT DESCRIPTION	Fund - Dept - Subdept - Div		SUBPROJECT	Whole Dollars Onl
(As it appears in the budget) Dice USA Commission	10-4122-412-519		XXXXX - XXXX	(See Note Below)
ecial Programs (Emp. Recog.)	10-4122-298-000		16036-0001	3
STIFICATION FOR REQUEST:	ara		. 0	
accept and appropriate the comr	nissions from vending m	nachine saies t	o Special Programs i	mployee Recognition
PROVAL SIGNATURES:				
TROVAL GIGINATOREG.				
County Manager/Interim Assistant County Manager Date		Financial Opera	tions Manager/Asst. Finan	cial Operations Mgr. Date