	GA	STON CO	OUNTY BUDG	ET CHANGE	REQUEST		
TO:	Dr. Kim S	S. Eagle	COUNTY MANAGER				
FROM: 4315 S			RIFF'S OFFICE				
FROIVI.	Dept. #		partment Name				
ALAN CLONING		•		3/5/22			
Department Director's Name				Date			
TYPE OF REQUE	EST:						
Line Item Transfer Within Department & Fund				Line Item Transfer Between Funds *			
Project Tr	ransfer Within Depart	ment & Fund		X Addition	nal Appropriation of F	funds *	
Line Item Transfer Between Departments*				<u>* Requir</u>	es resolution by the B	oard of Commissioners	
		•	Д	CCOUNT NUMBER	?	AMOUNT	
ACCOUNT DESCRIPTION			Fund - Function - Dept - Division - Object - Project		Whole Dollars Only		
(As it appears in the budget)			xxx - xx -	XXX - XX - XXXX - XXXX - XXXXX		(See Note Below)	
FUND BALANCE APPROPRIATED PROFESSIONAL SERVICES			010-99-9900-00 010-02-4315-43		{460,000} 460,000		
for inmates hous illness, and an u June 30, 2022.	unty Jail continue sed at the jail and uptick in census. I	safekeepir t's estimate	ng has been exce d the Sheriff's Of	eded. This is due fice will need \$46	to increased hos 0,000 for off-site	dget for off-site medical pital stays, chronic medical costs through	
	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.						