TO: _	Earl Mathers		COUNTY MANAGER		
FROM: _	5100 Dept. #	DHHS - Public Hea Department Nam			
Ē	epartment Direc	ctor's Signature	Date		
E OF REQUES	ST:				
Line Item T	ransfer Within Depar	tment & Fund	L	ine Item Transfer Between	Funds *
Project Tran	nsfer Within Departm	nent & Fund	X	Additional Appropriation of I	Funds *
Line Item T	ransfer Between De _l	partments*	<u>* F</u>	Requires resolution by the E	Board of Commissioners
			Resolution	on #	Date
		ACCOUNT N	UMBER	PROJECT	AMOUNT
ACCOUNT DESCRIPTION		Fund - Dept - Subdept - D	Fund - Dept - Subdept - Div - Acct - Subacct		Whole Dollars Only
(As it appears in the budget)		xx - xxxx - xxxx - xx	xx - xxxx - xxxx - xxxx - xxx		(See Note Below)
alth - State Grant 1		11-5100-5114-5126-	11-5100-5114-5126-320-505		(\$16,9
ecial Programs		11-5100-5114-5126-	290-000	17256-0001	\$16,9
ds from the Nalth completed Public Health g	nty Department of IC Division of F 100% of their F rants additional	of Health and Human Se ublic Health for the En- ood Establishment and I funds for counties who c tal Health supplies, mate	vironmental Heal Restaurant inspansion Complete 100%	alth Program. Gasto ections for the FY 16 of their food facility ins	on County Environmer year and the NC Divis spections. The addition
PROVAL SIGN	NATURES:				
County Manager/In	terim Assistant Cour	nty Manager Date	Financial Opera	tions Manager/Asst. Financ	cial Operations Mgr. Date