	GAST	ON COUNTY BUDG	ET CHAN	GE REQUEST	
TO:	Earl Mathers			IANAGER	
FROM:					
	Dept. #	Department Name			
	Department Director	's Signature Da	ate		
TYPE OF REQUE	ST:				
Line Item Transfer Within Department & Fund			L	Line Item Transfer Between Funds *	
Project Transfer Within Department & Fund			ļ ļ	Additional Appropriation of Funds *	
Line Item Transfer Between Departments*				* Requires resolution by the Board of Commissioners	
			Resolutio	n# C	Date
		ACCOUNT NUM	BER	PROJECT	AMOUNT
ACCOUNT	DESCRIPTION	Fund - Dept - Subdept - Div - A	cct - Subacct	SUBPROJECT	Whole Dollars Only
(As it appea	rs in the budget)	xx - xxxx - xxxx - xxxx	- xxx - xxx	xxxxx - xxxx	(See Note Below)
JUSTIFICATION					
	er/Assistant County Manag	er Date	Interim Fin	ancial Services Director	Date
_					
	Assistar				Date
Note: Decreases revenue do not re	in expenditures & inc quire brackets. Please	reases in revenue accoun note that transfers betweer	ts require bra funds require	ackets. Increases in ex e interfund transfer acco	penditures & decreases in unts.