GAST	ON COUNTY BUD	GET CHAN	GE REQUEST	
TO: <u>Earl Mathers</u>		COUNTY MANAGER		
FROM: 4950	NC Cooperative Extens	sion		
Dept. #	Department Name			
David Fogarty	3-1	10-2107		
Department Directo		Date		
TYPE OF REQUEST:				
Line Item Transfer Within Department & Fund			ine Item Transfer Between	Funds *
Project Transfer Within Department & Fund		X Additional Appropriation of Funds *		
Line Item Transfer Between Depart	ments*	<u>* F</u>	Requires resolution by the E	Board of Commissioners
		Resolution	n# [	Date
	ACCOUNT NUI	MBER	PROJECT	AMOUNT
ACCOUNT DESCRIPTION	Fund - Dept - Subdept - Div	- Acct - Subacct	SUBPROJECT	Whole Dollars Only
(As it appears in the budget)	xx - xxxx - xxxx - xxx	x - xxx - xxx	xxxxx - xxxx	(See Note Below)
Coop Extn Serv Spec Proj	10-4950-4950-891-500		700001	[10,544
Farm School	10-4950-4950-298-000		16277-0001	8,181
Fee Based Programs Food/Supplie 10-4950-4950-298-00			15226-0001	2,363
4-H Fees	10-4950-4952-410-509			[265
4H Programs	10-4950-4952-298-000		16276-0001	265
JUSTIFICATION FOR REQUEST: This request is to accept and alloc nutrition workshops.	ate Extension program	fees for NC	Farm School, Master	Gardener Training, and
APPROVAL SIGNATURES:				
County Manager/Interim Assistant County Manager Date		Financial Operations Manager/Asst. Financial Operations Mgr. Date		
Int		Interim Budget Administrator Date		
Note: Decreases in expenditures & increvenue do not require brackets. Please				