TO:	Earl Math	ers	COUNTY M	TY MANAGER		
FROM:						
	ept. #	Department Nar	ne			
Depa	artment Direct	or's Signature	Date			
PE OF REQUEST:						
Line Item Transf	er Within Departr	nent & Fund	Liı	ne Item Transfer Between	Funds *	
Project Transfer	Within Departme	nt & Fund	A	dditional Appropriation of	Funds *	
Line Item Transf	er Between Depa	rtments*	<u>* R</u>	equires resolution by the	Board of Commissioner	<u>rs</u>
			Resolution	า #	Date	
		ACCOUNT N	NUMBER	PROJECT	AMOUNT	
ACCOUNT DESC	CRIPTION	Fund - Dept - Subdept -	Div - Acct - Subacct	SUBPROJECT	Whole Dollars	Or
(As it appears in the budget)		xx - xxxx - xxxx - x	xxx - xxx - xxx	xxxxx - xxxx	(See Note Bel	
STIFICATION FOR I	REQUEST:					
PROVAL SIGNAT		/ Manager Date	Financial Operat	ions Manager/Asst. Finan	cial Operations Mgr.	Da