	G	ASTON CO	DUNTY BUDGET CHA	ANGE REQUEST	
TO:	Dr. Kim	ı S. Eagle	COUNTY	/ MANAGER	
FROM:			Recreation/Sr. Center		
FROW.	·		partment Name	-	
			8/6/2020		
				-	
TYPE OF REQUE	EST:				
Line Item Transfer Within Department & Fund			Line Item Transfer Between Funds *		
x Project Tr	ansfer Within Dep	artment & Fund		Additional Appropriation of F	Funds *
Line Item	Transfer Between	Departments*		* Requires resolution by the B	soard of Commissioners
			ACCOUNT I	NUMBER	AMOUNT
ACCOUNT DESCRIPTION			Fund - Function - Dept - Division - Object - Project		Whole Dollars Only
(As it appears in the budget)			XXX - XX - XXXX - XXX	K - XXXXX - XXXXXX	(See Note Below)
Federal Revenue			010-04-6130-0000-420000-21540		(\$2,340)
Senior Center Programming			010-04-6130-0000-560000-20001		(\$260)
HPDP Grant			010-04-6130-0000-560000-21540		\$2,600
JUSTIFICATION	FOR REQUEST				<u> </u>
			ropriate the Health Promotion e Evidence Based programmi		
	3. 3,	3 3 - 1 - 1		<b>9</b>	,
			n revenue accounts require at transfers between funds rec		