TO: _	Earl Mathers		COUNTY M	_ COUNTY MANAGER		
FROM:	4370	Emergency Medical Ser	vices			
<u>-</u>	Dept. #	Department Name				
		9-	12-2016			
Ī	Department Dir		Date			
YPE OF REQUES	ST:					
Line Item T	ransfer Within Dep	partment & Fund	Lin	ne Item Transfer Between F	unds *	
Project Transfer Within Department & Fund			X Additional Appropriation of Funds *			
Line Item T	ransfer Between D	Departments*	<u>* Re</u>	equires resolution by the Bo	pard of Commissioners	
			Resolution	ı# Da	ate	
		ACCOUNT NL	JMBER	PROJECT	AMOUNT	
ACCOUNT [DESCRIPTION	Fund - Dept - Subdept - Div	v - Acct - Subacct	SUBPROJECT	Whole Dollars Only	
	s in the budget)	xx - xxxx - xxxx - xx	xx - xxx - xxx	xxxxx - xxxx	(See Note Below)	
ASPR grant-Fede		10-4370-220-533			(\$ 10,66	
Jniforms	A .000	10-4370-212-000			\$ 3,31	
quip/Furn:\$250-\$4999		10-4370-530-000			\$ 2,20	
Equip/Furn:\$5000	J+	10-4370-510-000			\$ 5,15	
IUSTIFICATION F	OR REQUEST:					
		al ASPR for preparedness and a portable toileting sys	•	We have been approv	ved to purchase Tyche	
APPROVAL SIG	NATURES:					
	County Manager/Assistant County Manager Date		Finance Disc	Finance Director/Budget Administrator Date		