	GAST	TON COUNTY BUDG	GET CHAN	GE REQUEST	
TO:	O: <u>Earl Mathers</u>		_COUNTY MA	ANAGER	
FROM:	4370 E	Emergency Medical Servi	rices		
PROM.	Dept. #	Department Name	1000		
	·	·	0.0040		
	Mark A. Lamphiear Department Director		22-2016 Date		
	Department Director	o dignature D	rato		
TYPE OF REQUE	ST:				
Line Item Transfer Within Department & Fund			Lir	ne Item Transfer Between I	Funds *
Project Transfer Within Department & Fund			X Additional Appropriation of Funds *		
Line Item	Transfer Between Depart	ments*	<u>* R</u>	equires resolution by the B	oard of Commissioners
			Resolution	esolution # Date	
		ACCOUNT NUM	• ∕IBER	PROJECT	AMOUNT
ACCOUNT DESCRIPTION		Fund - Dept - Subdept - Div -	Acct - Subacct	SUBPROJECT	Whole Dollars Only
(As it appears in the budget)		xx - xxxx - xxxx - xxxx	/ VVV - VVY	xxxxx - xxxx	(See Note Below)
			***	***** - ****	
Fund Balance: A	,ppropriated	10-9900-991-500			(\$56,147)
Motor Vehicles		10-4370-540-000			\$30,233
		10-4370-540-000			\$25,914
Motor Vehicles		10-43/2-540-000			φ ∠ υ,ઝ ι <i>4</i>
JUSTIFICATION F	FOR REQUEST:				
	•			•	urchase next generation
	•		,	,	ambulances about to be
,	,				e Advanced Life Support portant to meet the new
		•		•	rvice, we will update the
1		ose trucks are replaced.		•	•
APPROVAL SIG	SNATURES:				
County Manager/Interim Assistant County Manager Date			Financial Operations Manager/Asst. Financial Operations Mgr. Date		
			Interim Budget A	dministrator	 Date
_					
		creases in revenue accour e note that transfers betwee			spenditures & decreases in unts.