TO: _	Earl Mathers		COUNTY MANAGER		
FROM: _	5100	DHHS- Public Healt	th		
	Dept. #	Department Name	e		
Ē	epartment Dire	ctor's Signature	Date		
PE OF REQUES	ST:				
Line Item T	ransfer Within Depa	rtment & Fund	Li	ne Item Transfer Between	Funds *
Project Tran	nsfer Within Departr	nent & Fund	X	additional Appropriation of	Funds *
Line Item T	ransfer Between De	partments*	<u>* F</u>	Requires resolution by the E	Board of Commissioners
			Resolutio	n# [Date
		ACCOUNT NU	JMBER	PROJECT	AMOUNT
ACCOUNT D	ESCRIPTION	Fund - Dept - Subdept - Div	v - Acct - Subacct	SUBPROJECT	Whole Dollars Only
(As it appears in the budget) xx		xx - xxxx - xxxx - xx	xx - xxx - xxx	xxxxx - xxxx	(See Note Below)
nd Balance Appropriated 11-990		11-9900-991-500			(\$130,0
ecial Programs		11-5100-5111-298-00	00	16279-0001	\$130,0
STIFICATION F	OR REQUEST:				
	•	mmissioners appropriated			
		lity clinical and patient are se carried forward for con			
n-County funds	s. ADMIN COI	RRECTION TO BCR: A	dopted Via Re	solution 2016-196 o	n 7/28/2016 -This ac
		n a prior fiscal year out of sheet account and not the			
PPROVAL SIGN				FF -F	
11101712 0101					
County Manager/In	terim Assistant Cou	nty Manager Date	Financial Operat	tions Manager/Asst. Financ	cial Operations Mgr. Date