TO:	Earl Mathers		COUNTY MANAGER	
FROM:	4950	NC Cooperative	Extension	
	Dept. #	Department I	Name	
	David Fogarty		3/6/18	
	Department Director's Name		Date	
TYPE OF REQUE	EST:			
Line Item	Transfer Within De	partment & Fund	Line Item Transfer Betw	een Funds *
Project Tr	ransfer Within Depa	rtment & Fund	X Additional Appropriation	of Funds *
Line Item	Transfer Between [Departments*	* Requires resolution by t	he Board of Commissioners
			ACCOUNT NUMBER	AMOUNT
ACCOUNT DESCRIPTION		ON F	Fund - Function - Dept - Division - Object - Project	Whole Dollars Only
(As it appears in the budget)		get)	xxx - xx - xxxx - xxxx - xxxxx	(See Note Below)
Fee Based Prog-Food/Supplies Fee Based Prog:Food/Supplies 4-H Programs 4-H Local Programs		010-07-4 010-07-4	950-4950-560000-15226 950-4950-415013-15226 950-4952-560000-16276 950-4952-410009-16276	2505 [2505] 1220 [1220]
	to accept and ap	opropriate funds from 0 ener Trainings and a 4	Gaston Farm Bureau to support 4-H Yo -H Teen Retreat.	outh programming and