	GAST	ON COUNTY BUDG	SET CHAN	IGE REQUEST		
TO: _	Earl Mathers		_COUNTY MANAGER			
FROM: _	5100 Dept. #	DHHS - Public Health Department Name				
ī	Department Director	's Signature D	ate			
TYPE OF REQUES	ST:					
Line Item Transfer Within Department & Fund			L	ine Item Transfer Between	Funds *	
Project Transfer Within Department & Fund			X	X Additional Appropriation of Funds *		
Line Item T	ransfer Between Depart	ments*	*	Requires resolution by the B	loard of Commissioners	
			Resolution	on # D	Pate	
		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 - xxx		xxxxx - xxxx	(See Note Below)	
Health - State Grant		11-5100-5130-320-505			(\$5,635)	
Drugs		11-5100-5130-238-000			\$5,635	
grant funds from	nty Department of the NC Division of access to Family Pl	Public Health for the Far	mily Planning	Clinic. These funds a	awarded additional state are granted to assure low ontraceptives. These are	
APPROVAL SIG						
County Manager/Assistant County Manager Date			Interim Fi	nancial Services Director	Date	
			Assistant	Finance Director	Date	
		creases in revenue accour note that transfers betwee			openditures & decreases in unts.	