	GAS	TON COUNTY BUDG	GET CHAN	GE REQUEST		
TO: _	TO: <u>Earl Mathers</u>		_ COUNTY I	MANAGER		
FROM: _	4370	Emergency Medical Serv	ices			
1110	Dept. #	Department Name				
		12-2	22-2016			
D	epartment Directo		Date			
TYPE OF BEOLIE	· T .					
TYPE OF REQUES	01:					
Line Item Transfer Within Department & Fund				ine Item Transfer Between F	Funds *	
Project Transfer Within Department & Fund			X	X Additional Appropriation of Funds *		
Line Item Tr	ansfer Between Depa	rtments*	<u>* F</u>	Requires resolution by the B	oard of Commissioners	
			Resolution	n# D	ate	
		ACCOUNT NUM	MBER	PROJECT	AMOUNT	
ACCOUNT D	ESCRIPTION	Fund - Dept - Subdept - Div -	Acct - Subacct	SUBPROJECT	Whole Dollars Only	
		XX - XXXX - XXXX - XXXX	(- XXX - XXX	xxxxx - xxxx	(See Note Below)	
		10-4370-220-533			(\$ 1,083)	
grama a suc					(+ 1,000)	
Uniforms		10-4370-212-000			\$ 228	
Programs Supplie	S	10-4370-237-000			\$ 435	
Equip/Furn:\$5000+ 10-437		10-4370-510-000			\$ 420	
JUSTIFICATION FO	OR REQUEST:					
		f 2016 fodoral ACDD for	oronorodo oo	and roop and		
Appropriation of tr	ne reconciliation o	f 2016 federal ASPR for p	preparedness	and response.		
APPROVAL SIGN	IATURES:					
County Manager/A	ssistant County Mana	ector/Budget Administrator	Date			
Note: Decreases in	expenditures & ir	creases in revenue accou	nts require bra	ackets. Increases in ex	penditures & decreases in	
revenue do not requ	uire brackets. Pleas	e note that transfers betwee	en funds require	e interfund transfer accou	ınts.	