| GAST | ON COUNTY BUE | OGET CHAN | IGE REQUEST | |
|------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------|-------------------------------|----------------------------|
| TO: <u>Earl Mathers</u> | | COUNTY N | MANAGER | |
| FROM: 4380 Gaston Dept. # | County Animal Care a Department Name | | | |
| Department Director | 's Signature | Date | | |
| TYPE OF REQUEST: | | | | |
| Line Item Transfer Within Departme | ent & Fund | | ine Item Transfer Between I | Funds * |
| Project Transfer Within Department | & Fund | X | Additional Appropriation of F | -unds * |
| Line Item Transfer Between Depart | ments* | <u>* </u> | Requires resolution by the B | oard of Commissioners |
| | | Resolution | on# D | ate |
| | ACCOUNT NU | JMBER | PROJECT | AMOUNT |
| ACCOUNT DESCRIPTION Fund - Dept - Subdept - | | v - Acct - Subacct | SUBPROJECT | Whole Dollars Only |
| (As it appears in the budget) xx - xxxx - xxxx - x | | xx - xxx - xxx | xxxxx - xxxx | (See Note Below) |
| Donations 10-4380-840-501 | | | | [1500.00] |
| special programs-feral cat-spay/neu | 10-4380-298-000 | | 16200-0001 | 1500.00 |
| | | | | |
| JUSTIFICATION FOR REQUEST: Appropriation of a \$1,500 grant from | Walmart to be used fo | or the Spay/Net | uter Voucher Program | (feral cat - spay/neuter). |
| | | | | |
| APPROVAL SIGNATURES: | | | | |
| County Manager/Interim Assistant County Manager Date | | Financial Operations Manager/Asst. Financial Operations Mgr. Date | | |
| | | Interim Budget Administrator D | | Date |
| Note: Decreases in expenditures & increvenue do not require brackets. Please | | ounts require bra | ackets. Increases in ex | |