TO:			00111171	AANIAOED		
	Earl Mathe	ers	_ COUNTY N	Y MANAGER		
FROM:	Dept. #	Department Name				
	_ op	2 орания полити				
De	partment Directo	or's Signature Da	ate			
E OF REQUEST	:					
Line Item Transfer Within Department & Fund			Li	ne Item Transfer Between	Funds *	
Project Transfer Within Department & Fund			А	Additional Appropriation of Funds *		
Line Item Tran	nsfer Between Depa	rtments*	<u>* R</u>	tequires resolution by the	Board of Commissioners	
			Resolution	n #	Date	
		ACCOUNT NUM	BER	PROJECT	AMOUNT	
ACCOUNT DE	SCRIPTION	Fund - Dept - Subdept - Div - A	acct - Subacct	SUBPROJECT	Whole Dollars Or	
(As it appears in	the budget)	xx - xxxx - xxxx - xxxx	- xxx - xxx	xxxxx - xxxx	(See Note Below	
TIFICATION FOR	R REQUEST:					
PROVAL SIGNA	ATURES:					
County Manager/Assistant County Manager Date		<u> </u>	ector/Budget Administrato	r Date		