Depart TYPE OF REQUEST: Line Item Transfer Project Transfer Item Transfer Line Item Transfer ACCOUNT DESC (As it appears in the Item Transfer Item Tra	Within Department	County Attorney Department Name r's Signature ent & Fund t & Fund	X /	IANAGER Line Item Transfer Between I Additional Appropriation of F Requires resolution by the B	Funds *
Deparement of De	ept. # rtment Director er Within Departmen	Department Name r's Signature ent & Fund t & Fund	X /	Additional Appropriation of F	Funds *
Depart TYPE OF REQUEST: Line Item Transfer IV Project Transfer IV Line Item Transfer ACCOUNT DESC (As it appears in the Insurance Deductible/Sisk Management Feet	er Within Departmen	r's Signature E ent & Fund t & Fund	X /	Additional Appropriation of F	Funds *
Line Item Transfer Project Transfer V Line Item Transfer V ACCOUNT DESC (As it appears in the Insurance Deductible/SRisk Management Fee	er Within Departme	ent & Fund t & Fund	X /	Additional Appropriation of F	Funds *
Line Item Transfer Project Transfer V Line Item Transfer V ACCOUNT DESC (As it appears in the Insurance Deductible/SRisk Management Fee	er Within Departme	ent & Fund t & Fund	X /	Additional Appropriation of F	Funds *
Line Item Transfer Medical Project Transfer Me	Within Department	t & Fund	X /	Additional Appropriation of F	Funds *
Project Transfer \ Line Item Transfe ACCOUNT DESC (As it appears in the consurance Deductible/Sisk Management Fee	Within Department	t & Fund	X /	Additional Appropriation of F	Funds *
ACCOUNT DESC (As it appears in the insurance Deductible/Sisk Management Fee			* I		
ACCOUNT DESC (As it appears in the surance Deductible/SRisk Management Fee	er Between Depart	rments*	Resolution	Requires resolution by the B	Soard of Commissioners
(As it appears in the nsurance Deductible/SRisk Management Fee					
(As it appears in the nsurance Deductible/SRisk Management Fee					
(As it appears in the insurance Deductible/Sisk Management Fee			16-311	6/28	3/2016
(As it appears in the insurance Deductible/Sisk Management Fee		ACCOUNT NUI	MBER	PROJECT	AMOUNT
nsurance Deductible/s Risk Management Fee	RIPTION	Fund - Dept - Subdept - Div -	- Acct - Subacct	SUBPROJECT	Whole Dollars Only
Risk Management Fee	(As it appears in the budget)		x - xxx - xxx	xxxxx - xxxx	(See Note Below)
•	nsurance Deductible/Settlements				89,000
nsurance Deductible/	es	10-4199-602-000			16,735
	Revenues	10-8300-850-500			(105,735
IUSTIFICATION FOR R	EOHEST:				
		or the Insurance Deduc	ctible. Claims	Settlement and Risk	Management accounts
-	-				requested to appropriate
3105,735 to pay outsta	anding obligati	ons for the remainder of	f FY-16.		
APPROVAL SIGNATU	JRES:				
O	A '- t t - O t l	Manager Date	Figure 1:10 and 1	-Cara Marana (Ara) Firms	- Detail
County Manager/Interim	Assistant County I	Manager Date	Financial Opera	ations Manager/Asst. Financ	cial Operations Mgr. Date
			Interim Budget Administrator Date		
loto. Dogganas :-			-	ackets. Increases in ex	