	GAS	TON COUNTY BUDG	SET CHAN	GE REQUEST	
TO: _	Earl Mathers		COUNTY MANAGER		
FROM:	5100	DHHS - Public Health	l		
	Dept. #	Department Name			
ī	Department Directo	or's Signature D	Date		
TYPE OF REQUE	ST:				
Line Item Transfer Within Department & Fund			Li	ne Item Transfer Between I	Funds *
Project Transfer Within Department & Fund			X Additional Appropriation of Funds *		
Line Item 7	Гransfer Between Depa	rtments*	<u>* R</u>	Requires resolution by the B	Soard of Commissioners
			Resolution	Resolution # Date	
		ACCOUNT NUM	/BER	PROJECT	AMOUNT
ACCOUNT I	DESCRIPTION	Fund - Dept - Subdept - Div - A	Acct - Subacct	SUBPROJECT	Whole Dollars Only
(As it appears in the budget)		XX - XXXX - XXXX - XXXX - XXX		xxxxx - xxxx	(See Note Below)
Fund Balance		11-9900-991-500			(\$206,263)
Special Programs			11-5100-5112-5118-298-000		\$4,211
Special Programs			11-5100-5113-5121-298-000		\$70,604
Special Programs		11-5100-5117-298-000		16272-0001 16273-0001	\$99,700
Special Programs		11-5100-5130-298-000		16274-0001	\$25,826
Special Programs			1-5100-5150-5151-298-000		\$5,922
				16275-0001	. ,
		<u></u>			
Insurance and P year budgeted an State of North C revenue and loca	ar 2015, Excess F Patient Fees. Excess mount. In accordar Carolina, all excess ally appropriated fu	ee Revenue was generat ss Fee Revenue is recog nce with the Consolidated s fee revenue earned mu unds may not be supplant d for patient clinical opera	gnized when to decide Agreement bust be budget ted by earned	the amount of fees repetween the Public He and spent in the revenues from perso	eceived exceed the fiscal ealth Department and the program that earned the ons, public or private third
APPROVAL SIG	NATURES:				
County Manager/Ir	nterim Assistant County	/ Manager Date	Financial Operat	tions Manager/Asst. Financ	cial Operations Mgr. Date
			Interim Budget Administrator Da		 Date
Note: Decreases	in expenditures & ir	ncreases in revenue accour	-		
		se note that transfers betwee			