	GAS	FON COUNTY BUDG	GET CHAN	IGE REQUEST		
TO: _	TO: <u>Earl Mathers</u>		COUNTY MANAGER			
FROM: _	5100	DHHS - Public Health	1			
_	Dept. #	Department Name	_			
Ī	Department Directo	r's Signature E	Date			
TYPE OF REQUES	ST:					
Line Item Transfer Within Department & Fund			Line Item Transfer Between Funds *			
X Project Transfer Within Department & Fund				Additional Appropriation of Funds *		
Line Item T	ransfer Between Depar	tments*	<u>* </u>	Requires resolution by the B	soard of Commissioners	
			Resolution	on # D	Pate	
		ACCOUNT NUM	MBER	PROJECT	AMOUNT	
ACCOUNT DESCRIPTION		Fund - Dept - Subdept - Div - Acct - Subacct		SUBPROJECT	Whole Dollars Only	
(As it appears in the budget)		xx - xxxx - xxxx - xxxx - xxx		xxxxx - xxxx	(See Note Below)	
Special Programs		11-5100-5111-298-000)	17063-0001	(\$350,000)	
Special Programs		11-5100-5111-298-000		17242-0001	\$350,000	
funds were to be	rublic Health appro e used for renova	tions at the Highland H	lealth Center	. These renovations	FY 2017 budget. These are no longer required,	
Electronic Health required in the N	Record system e	xpenses and clinic equi red Agreement and Medi	pment and s	upplies. Medicaid Co	he funds will be used for ost Settlement funds are area in which they were	
APPROVAL SIG	NATURES:					
County Manager/Interim Assistant County Manager Date			Financial Operations Manager/Asst. Financial Operations Mgr. Date			
			Interim Budget Administrator D		Date	
Note: Decreases i	n expenditures & in	creases in revenue accou	•		spenditures & decreases in	
		e note that transfers between				