TO: _	Earl Mathers		COUNTY MANAGER		
FROM: _	5100 Dept. #	DHHS - Public Health Department Name	<u> </u>		
Ē	epartment Direc	ctor's Signature [	Date		
PE OF REQUES	ST:				
Line Item T	ransfer Within Depa	tment & Fund	Li	ne Item Transfer Between	Funds *
Project Tran	nsfer Within Departn	nent & Fund	X	Additional Appropriation of I	Funds *
Line Item T	ransfer Between De	partments*	<u>* F</u>	Requires resolution by the E	3oard of Commissioners
			Resolutio	n# [	Date
		ACCOUNT NUI	MBER	PROJECT	AMOUNT
ACCOUNT DESCRIPTION		Fund - Dept - Subdept - Div	Fund - Dept - Subdept - Div - Acct - Subacct		Whole Dollars Onl
(As it appears in the budget)		xx - xxxx - xxxx - xxx	x - xxx - xxx	xxxxx - xxxx	(See Note Below)
scellaneous Revenue		11-5100-5112-5119-89	90-501		(\$1,0
ecial Programs		11-5100-5112-5119-29		16008-0001	\$1,
n Program. L 2015 revenue ilitated by train	County schools page 3. MR remits the page 3. MR received. Lead coaches from	paid fees through the Let lead of the Cet lead to the Cet Me Run is a 7-week property of the Cet leads of th	Gaston County ogram for boy Me Run progra	y supported programs is in grades 4th throu am culminates with th	s. These funds represugh middle school and boys running a 5K r
PROVAL SIGN	NATURES:				
County Manager/Interim Assistant County Manager Date			Financial Operations Manager/Asst. Financial Operations Mgr. Date		