| TO: | Earl Mathers | | COUNTY N | MANAGER | |
|--|--|----------------------------|--|----------------------------|---|
| FROM: | 5300 | DHHS-Social Servi | | | |
| | Dept. # | Department Nam | ne | | |
| De | partment Dire | ctor's Signature | Date | | |
| YPE OF REQUEST | : | | | | |
| X Line Item Transfer Within Department & Fund | | | L | ine Item Transfer Betweer | n Funds * |
| Project Transfer Within Department & Fund | | | Additional Appropriation of Funds * | | |
| Line Item Tran | nsfer Between De | partments* | * | Requires resolution by the | Board of Commissioners |
| | | | Resolution | on # | Date |
| | | ACCOUNT N | IUMBER | PROJECT | AMOUNT |
| ACCOUNT DESCRIPTION | | Fund - Dept - Subdept - [| Fund - Dept - Subdept - Div - Acct - Subacct | | Whole Dollars Only |
| (As it appears in the budget) xx - | | xx - xxxx - xxxx - x | xx - xxxx - xxxx - xxxx - xxx | | (See Note Below) |
| quip/Furn: \$250- \$4,999 20-5300-5310-53 | | 20-5300-5310-530-0 | 000 | | (61,50 |
| quip/Furn: \$5,000 | or > | 20-5300-5310-510-0 | 000 | 16278-0001 | 61,50 |
| | | | | | |
| ecurity system to to the state of the state of the system to the state of the state | es Division wa be installed or to the cost a | n all internal entrance do | ors of the build to transfer the b | ing. We have received | sal Protection swipe ca ed a quote for the full co Equip/Furn \$250-\$4,999 |
| APPROVAL SIGNA | ATURES: | | | | |
| County Manager/Inter | im Assistant Cou | nty Manager Date | Financial Opera | ations Manager/Asst. Finar | ncial Operations Mgr. Date |
| | | | | | |