	GAST	ON COUNTY BUD	GET CHAN	GE REQUEST	
TO:	Earl Mathers		COUNTY MANAGER		
FROM: _	4521	DHHS- Social Service	es		
	Dept. #	Department Name			
Ī	Department Director	r's Signature I	Date		
TYPE OF REQUES	ST:				
X Line Item Transfer Within Department & Fund			Lin	ne Item Transfer Between	Funds *
Project Transfer Within Department & Fund			Additional Appropriation of Funds *		
Line Item T	ransfer Between Depart	ments*	<u>* R</u>	equires resolution by the E	oard of Commissioners
			Resolution # Date		
		ACCOUNT NU	MBER	PROJECT	AMOUNT
ACCOUNT DESCRIPTION		Fund - Dept - Subdept - Div	- Acct - Subacct	SUBPROJECT	Whole Dollars Only
(As it appears in the budget)		xx - xxxx - xxxx - xxx	x - xxx - xxx	xxxxx - xxxx	(See Note Below)
Transportation of Clients		10-4520-4521-315-000)		175,000
Departmental Chargebacks		10-4520-4521-497-000)		(175,000)
Due to this increa American Alterna appropriate some	Transportation Propase, the departmentatives, Carolina Speer of the funds from	t has used several con- cialty and GEMS. In on the Departmental Cha	tracted provide rder to cover targebacks acc	ers to assist in meetir he additional expens ount, which are addi	for services in FY16-17. Ing the demands, such as les, we are requesting to tional revenues received
		s budgeted. The Depar we would like to approp	•		ecting to have an excess ortation.
APPROVAL SIG	NATURES:				
County Manager/Interim Assistant County Manager Date			Financial Operat	ions Manager/Asst. Financ	ial Operations Mgr. Date
			Interim Budget A	dministrator	Date
		creases in revenue accou			xpenditures & decreases in unts.