N COUNTY BUD	GET CHANGE REQUEST	
	COUNTY MANAGER	
Library		
d	9/8/2017	
Name	Date	
t & Fund	Line Item Transfer Between	een Funds *
k Fund	X Additional Appropriation	n of Funds *
ents*	* Requires resolution by t	he Board of Commissioners
	ACCOUNT NUMBER	AMOUNT
Fund - Fu	unction - Dept - Division - Object - Project	Whole Dollars Only
xxx - x	x - xxxx - xxxx - xxxxx	(See Note Below)
		(1700) 1700
or the LSTA 2017-201	8 ARSL scholarship for reimburs	ement of professional
	Library Department Name Name It & Fund Fund - Fu XXX - X 010-04-6110-6 010-04-6110-6	Library Department Name Name Date Line Item Transfer Betw The Structure of the Structu