	GA	STON C	OUNTY BUDO	SET CHAI	NGE REQUEST	
TO:	Earl Mat	COUNTY MANAGER				
FROM:	4315 S		heriff's Office			
i Kowi.	Dept. # Department					
	Department Direc	ctor's Name	9	Date		
TYPE OF REQUE	ST:					
Line Item Transfer Within Department & Fund					Line Item Transfer Between	Funds *
Project Tr	ansfer Within Departr	nent & Fund		Х	Additional Appropriation of I	Funds *
Line Item Transfer Between Departments* * Requires resolution by the Board of Commissioners						Board of Commissioners
		•	P	CCOUNT N	JMBER	AMOUNT
ACCOUNT DESCRIPTION			Fund - Function - Dept - Division - Object - Project		Whole Dollars Only	
(As it appears in the budget)			xxx - xx - xxxx - xxxx - xxxxx - xxxxxx		(See Note Below)	
FUND BALANCE APPROPRIATED PROFESSIONAL SERVICES			010-99-9900-0000-49000 010-02-4315-4323-530010			{100,000} 100,000
Attributing factor 2018-108 approrevealed an add	unty Jail has expe rs include increas ved \$264,000 for	ed census, these expe s needed.	on-site overdose enses. Due to the While this projec	es, accident complexity tion is base	and delay of hospital bedoning the delay of hospital bedon information known	lly ill patients. Resolution billing, further examination
Note: Decreases in expenditures & increases in revenue accounts require brackets. Increases in expenditures & decreases in revenue do not require brackets. Please note that transfers between funds require interfund transfer accounts.						