TO:	Earl Math	ers	COUNTY MANAGER	
FROM:	6140	Planning	9	
i itom.	Dept. #	Department I	Name	
	David Williams		5/15/18	
	Department Director's Name		Date	
TYPE OF REQUE	EST:			
Line Item	Transfer Within Departs	ment & Fund	Line Item Transfer Be	etween Funds *
Project Tr	ransfer Within Departme	ent & Fund	X Additional Appropriat	tion of Funds *
Line Item	Transfer Between Depa	artments*	* Requires resolution b	by the Board of Commissioners
			ACCOUNT NUMBER	AMOUNT
ACCOUNT DESCRIPTION		F	Fund - Function - Dept - Division - Object - Project	Whole Dollars Only
(As it appears in the budget)		>	xxx - xx - xxxx - xxxx - xxxxx - xxxxxx	(See Note Below)
Historic Preservation Workshop Fees Historic Preservation Workshop			140-0000-415000-HPWks 140-0000-560000-HPWks	(\$120.00) \$120.00
	this request is to ac		ate Historic Preservation Commission is the Expenses associated with the W	-