	GAS	STON COUNT	Y BUDGET CHA	NGE REQUEST	
TO:	TO: <u>Dr. Kim S. Eagle</u>		COUNTY MANAGER		
FROM:	FROM: 4315 St		Office		
i itolvi.			nt Name		
			1/13/2020		
Department Director's Name		tor's Name	Date		
TYPE OF REQUE	EST:				
Line Item Transfer Within Department & Fund			Line Item Transfer Between Funds *		
Project Ti	ransfer Within Departn	nent & Fund	Х	Additional Appropriation of F	-unds *
Line Item	Transfer Between De	partments*		* Requires resolution by the E	soard of Commissioners
			ACCOUNT N	NUMBER	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)
Emergency Ass Fund Balance	istance:FEMA		2-4315-4315-425135 9-9900-0000-490000		{33,168} 33,168
(FY19). This BC	es provided law en CR appropriates th in expenditures &	e amounts that h	ave been billed (FY of		to fund balance.
revenue do not re	equire brackets. Ple	ase note that trans	fers between funds req	uire interfund transfer acco	ounts.