TO:Dr. Kim S. Eagl		alo.	COUNTY MANACED	
	1101	_	COUNTY MANAGER	
FROM:	4131 Dept. #	Budget		
		Department Name		
	Matthew Rhoten		5/21/2020	
	Department Director's	siname	Date	
TYPE OF REQUE	EST:			
Line Item	Transfer Within Departmer	nt & Fund	Line Item Transfer Bet	tween Funds *
Project Tr	ransfer Within Department &	& Fund	X Additional Appropriation	on of Funds *
Line Item	Transfer Between Departm	ents*	* Requires resolution by	y the Board of Commissioners
			ACCOUNT NUMBER	AMOUNT
ACCOUNT DESCRIPTION		Fund - Fu	nction - Dept - Division - Object - Project	Whole Dollars Only
(As it appears in the budget)		xxx - xx	C - XXXX - XXXX - XXXXXX	(See Note Below)
Coronavirus Emerg Supplement (GCP) Coronavirus Emerg Supplement Coronavirus Emerg Supplement (Sheriff) Coronavirus Emerg Supplement		o10-02-4310-4 o10-02-4315-4	310-420000-20577 310-560000-20577 315-420000-20577 315-560000-20577	(\$20,102) \$20,102 (\$20,102) \$20,102
•			oment (PPE) for first responders virus.	s and law enforcement officers