	GASTO	ON COUNTY BUD	GET CHANGE REQUE	EST
TO: <u>Dr. Kim S. Eagle</u>		gle	COUNTY MANAGER	
FROM:	4130	Finance		
i itolvi.	Dept. #	Department Name		
	Tiffany Murray		10/13/20	
	Department Director's	Name	Date	
TYPE OF REQUE	EST:			
Line Item	Transfer Within Departmen	t & Fund	Line Item Transfer	Between Funds *
Project Tr	ransfer Within Department 8	& Fund	X Additional Approp	riation of Funds *
Line Item	Transfer Between Departm	ents*	* Requires resolution	on by the Board of Commissioners
			ACCOUNT NUMBER	AMOUNT
ACCOUNT DESCRIPTION		Fund - Fu	ınction - Dept - Division - Object - Project	Whole Dollars Only
(As it appears in the budget)		xxx - xx	x - xxxx - xxxx - xxxxx	(See Note Below)
Psychological Testing Fund Balance Appropriated		010-05-5830-0 010-99-9900-0	0000-560010-20511 0000-490000	1,744 (\$1,744)
			the NC Department of Public	c Safety for FY 2020 unspent
Note: Decreases	in expenditures & incre	eases in revenue accor	unts require brackets Increa	ses in expenditures & decreases in