TO: Dr. Kim S. Eagle			COLIN	ITY MANAGER	
10.		_	_	IT WANAGER	
FROM:			cial Services Division) partment Name		
	·			20	
	Angela Karchmer Department Director's Name		10/12/20 Date	<u> 20</u>	
	Dopartinont D	rootor o rtaine	Date		
TYPE OF REQUE	EST:				
Line Item	Transfer Within D	epartment & Fund		Line Item Transfer	Between Funds *
Project Tr	ransfer Within Dep	artment & Fund		Additional Appropr	riation of Funds *
Line Item	Transfer Between	Departments*		* Requires resolution	n by the Board of Commissioners
			ACCOUN	IT NUMBER	AMOUNT
ACCOUNT DESCRIPTION			Fund - Function - Dept - Division - Object - Project		Whole Dollars Only
(As it appears in the budget)			XXX - XX - XXXX - X	XXX - XX - XXXX - XXXX - XXXXX - XXXXXX	
MOW: COVID Funds MOW: COVID Funds		020-05-5620-0000-430000-21561 020-05-5620-0000-560000-21561		(4,950) 4,950	
Carolina progra	Meals on When to be used for	els program re or specific CO	VID related items. Thes	se funds will be track	from the Meals on Wheels North ked for data purposes.