



Date: 7-25-18 Pct 4
Dept: _____

LINE ITEM TRANSFER REQUEST

	Account Number	Account Name	+ or (-) Amount
1	025-614-570	Equipment	-20,000
	025-614-430	R+Maint	+20,000
2			
	025-614-475	Care-over	-64,273
3	025-614-350	Road Building	+64,273
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18			

Reason for Transfer

COVERING OVERAGES

Official Signature _____

Date: 8-2-18
Dept: CCIK

LINE ITEM TRANSFER REQUEST

	Account Number	Account Name	+ or (-)	Amount
1	010 403 202	Insurance	-	10500
2	010 403 104	Deputy Salary	-	8000
3	010 403 107	Part Time	+	8500
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16				
17				
18				

Reason for Transfer: _____

Official Signature Debra Shirley