

Please Indicate Type:

11

(Requires 4/5 Board of Supervisors Approval)

X

1

11

(Requires Auditor Approval)

Comments: This transfer will facilitate the addition of an RMA Assistant Director and pay for the extension of the 4 Leaf consulting contract.

Date _____

10/4/19

Date _____

10/2/19

Date _____

Date _____

Vote: _____ Yes _____ No

By: