

SHERIFF

DEPARTMENT NAME

DEPARTMENT NAME		Date	Date
<i>Chief Deputy Christy Hearn</i>	<i>8-3-22</i>		
Department Requesting - Signature	<i>8-8-22</i>	Approval - County Executive	<i>8/4/22</i>
<i>[Signature]</i>		Approval - Personnel & Finance	
Committee of Jurisdiction - Signature		Committee Vote:	<i>5-0</i>
Committee Vote:	<i>5-0</i>		
Reviewed by Finance Dept.:		Approved - Information Systems Committee	
		Committee Vote:	
Approved - Facilities & Prop Mgmt Committee			
Committee Vote:		Total amount of budget transfer.....	

ACCOUNT NUMBER[illegible]

Description (Must be completed - Attach extra pages if needed):

DEPARTMENT OF JUSTICE GRANT, MEDICATION ASSISTED TREATMENT PROGRAM

ENTRY NUMBER