TO:	Earl Mathe	ers	COUNTY MANAGER		
FROM:	5582/5300	DHHS- Social Service	es :		
· · · · · · · · ·	Dept. #	Department Name			
,					
	Department Directo	or's Signature D	Date		
TYPE OF REQUE	ST:				
Line Item	Transfer Within Departm	nent & Fund	Li	ine Item Transfer Between	Funds *
Project Tra	ansfer Within Departmer	nt & Fund	X	Additional Appropriation of F	-unds *
Line Item	Transfer Between Depar	rtments*	<u>* F</u>	Requires resolution by the E	Board of Commissioners
			Resolutio	n# C	Date
		ACCOUNT NUM	MBER	PROJECT	AMOUNT
ACCOUNT DESCRIPTION		Fund - Dept - Subdept - Div -	· Acct - Subacct	SUBPROJECT	Whole Dollars Only
(As it appears in the budget)		xx - xxxx - xxxx - xxxx	x - xxx - xxx	xxxxx - xxxx	(See Note Below)
Donations:Shelte		20-5582-840-501			(9,720)
Shelter Private Grants		20-5582-891-518			(30,511)
Special Programs: Donations		20-5582-298-000		08162-0001	40,231
Donations:CAC		20-5300-5585-840-501			(970)
Special Programs: Donations		20-5300-5585-298-000		16282-0001	970)
Home Delivered Meals/Donations		20-5600-5622-840-504		10202 0001	(562)
Special Programs: Adult Nutrition		20-5600-298-000	,	15259-0001	562
Donations		20-5600-840-501		10200 0001	(735)
Special Program	s: Donations	20-5600-298-000		08159-0001	735
Department of H	nd quarter of FY201	16-2017, Gaston County Services - Social Services nors.		•	
APPROVAL SIG	NATURES:				
County Manager/Interim Assistant County Manager Date			Financial Operations Manager/Asst. Financial Operations Mgr. Date		