

GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

TO: _____ Dr. Kim S. Eagle _____ COUNTY MANAGER

FROM: _____ CES _____ Cooperative Extension
 Dept. Code Department Name

_____ David Fogarty _____ 9/27/2022
 Department Director Date

REQUEST TYPE:

- | | |
|---|---|
| <input type="checkbox"/> Line-Item Transfer Within Department & Fund
<input type="checkbox"/> Project Transfer Within Department & Fund
<input type="checkbox"/> Line-Item Transfer Between Departments | <input type="checkbox"/> Line-Item Transfer Between Funds*
<input checked="" type="checkbox"/> Additional Appropriation of Funds*
<p style="text-align: right; font-size: small;">* Requires resolution by the Board of Commissioners</p> |
|---|---|

ACCOUNT DESCRIPTION As it appears in Munis Ex. Employee Training	ACCOUNT NUMBER										AMOUNT** Whole dollars only Ex. \$5,000 Ex. (\$5,000)
	4	3	3	5	6	7	4	2	6	5	
	Fund	Dept	Div	SubDiv	Prog	SubProg	Future	Func	Obj	Proj	
	XXXX	XXX	XXX	XXXXX	XXXXXX	XXXXXX	XXXX	XX	XXXXXX	XXXXX	
	Ex. 1000-BGT-000-00000-0000000-0000000-0000-01-520011-										
Fee Based Prog:Food/Supplies	1000-CES-000-00000-000000-0000000-0000-07-430011-15226										[815]
Food & Prov: Fee Based Progs	1000-CES-000-00000-000000-0000000-0000-07-520005-15226										815

JUSTIFICATION FOR REQUEST:

This request is to accept and appropriate a \$600 Gaston Farm Bureau donation to cover meal costs for an Extension Homesteading Workshop and \$215 in Master Food Volunteer fees to cover program costs.

** Decreases in expenditures and increases in revenue accounts require brackets. Increases in expenditures and decreases in revenue do not require brackets. Please note that transfers between funds require inter-fund transfer accounts.