

GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

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

FROM: _____ HLT _____ DHHS - Public Health _____
Dept. Code Department Name

_____ Brittain Kenney _____ 8-22-23 _____
Department Director Date

REQUEST TYPE:

- ☐ Line-Item Transfer Within Department & Fund

☐ Project Transfer Within Department & Fund

☐ Line-Item Transfer Between Departments

☐ Line-Item Transfer Between Funds*

☒ Additional Appropriation of Funds*

* Requires resolution by the Board of Commissioners

ACCOUNT DESCRIPTION <small>As it appears in Munis</small>	ACCOUNT NUMBER										AMOUNT** <small>Whole dollars only</small>
	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. Employee Training	Ex. 1000-BGT-000-00000-0000000-0000000-0000-01-520011-										Ex. \$5,000 Ex. (\$5,000)
Program Supplies	1000-HLT-251-00000-WIC000-Brstfdg-0000-05-520002-										\$5,600.00
Uniforms	1000-HLT-251-00000-WIC000-Brstfdg-0000-05-520006-										\$1,200.00
Mileage Reimbursement	1000-HLT-251-00000-WIC000-Brstfdg-0000-05-520010-										\$300.00
Employee Training	1000-HLT-251-00000-WIC000-Brstfdg-0000-05-520011-										\$2,500.00
Printing	1000-HLT-251-00000-WIC000-Brstfdg-0000-05-520013-										\$1,000.00
Advertising	1000-HLT-251-00000-WIC000-Brstfdg-0000-05-520015-										\$2,500.00
Furn/Equip<\$5K	1000-HLT-251-00000-WIC000-Brstfdg-0000-05-520020-										\$3,500.00
Phone Service	1000-HLT-251-00000-WIC000-Brstfdg-0000-05-530002-										\$748.00
Health State Grant	1000-HLT-251-00000-0000000-0000000-0000-05-410001-										(\$17,348.00)

JUSTIFICATION FOR REQUEST:

** 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.