(GASTON COUNTY BU	DGET CHAN	GE REQUEST		
TO: <u>Earl</u>	TO: <u>Earl Mathers</u>		ANAGER		
FROM: 5100	DHHS - Public He	alth			
Dept. #	Department Nan	ne			
Department [Director's Signature	Date			
TYPE OF REQUEST:					
Line Item Transfer Within Department & Fund		Li	ne Item Transfer Between I	Funds *	
Project Transfer Within Department & Fund		X	X Additional Appropriation of Funds *		
Line Item Transfer Betwee	n Departments*	<u>* R</u>	equires resolution by the B	loard of Commissioners	
		Resolution	Resolution # Date		
	ACCOUNT N	NUMBER	PROJECT	AMOUNT	
ACCOUNT DESCRIPTION Fund - Dept - Subdept - Div		Div - Acct - Subacct	SUBPROJECT	Whole Dollars Only	
(As it appears in the budget) xx - xxxx - xxxx - xxxx - xx		xxx - xxx - xxx	xxxxx - xxxx	(See Note Below)	
Preceptorship Funds 11-5100-5113-5120-89				(\$1,111)	
Special Programs 11-5100-5113-5120-2			16202-0001	\$1,111	
JUSTIFICATION FOR REQUES	 T:				
The Gaston County Public In Education (GNE) Demonstration or physician assistant who to universities concerning their Students who are in the Duk student spent with each provide	ion Project for Preceptor wo eaches, supports, coaches, fields of expertise. The Pu e nursing program. The Gl	ork. A preceptor and mentors gr ublic Health Dep NE Demonstratio	is a clinical provider s aduate health scienc artment provided clin	such as a nurse, midwife, se students from various ical preceptors for Duke	
APPROVAL SIGNATURES:					
County Manager/Interim Assistant	Financial Operat	ions Manager/Asst. Financ	ial Operations Mgr. Date		
Inter		Interim Budget A	nterim Budget Administrator		
Note: Decreases in expenditure revenue do not require brackets.					