

GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

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

FROM: _____ GEMS _____ Emergency Medical Services
Dept. Code Department Name

_____ Mark Lamphiear _____ 9/8/22
Department Director Date

REQUEST TYPE:

- ☐ Line-Item Transfer Within Department & Fund ☐ Line-Item Transfer Between Funds*
- ☐ Project Transfer Within Department & Fund ☒ Additional Appropriation of Funds*
- ☐ Line-Item Transfer Between Departments * Requires resolution by the Board of Commissioners

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-000-00000-000000-0000000-0000-01-520011-										
Donations & Gifts	1000-EMS-000-00000-000000-0000000-0000-02-445004-										(\$200)
Food and Provisions	1000-EMS-000-00000-000000-0000000-0000-02-520005-										\$200

JUSTIFICATION FOR REQUEST:

GEMS has received donations totaling \$200; \$100 of the funds were donated by Dr. Edwin C. Bryson, III and \$100 from Dr. Stephen C. Wheeler.
GEMS would like to use the funds generously donated to pay for employee events such as EMS week.

** 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.