GASTON COUNTY		
BUDGET CHANGE REQUEST (BCR)		
то:	Dr. Kim S. Eagle, County Manager	
FROM:	FIN Finance	1
	Dept. Code Department Name	1
	Tiffany Murray 9/10/2022]
	Department Director Date	
REQUEST TYPE:	Line-Item Transfer Within Department & Fund Project Transfer Within Department & Fund Line-Item Transfer Additional Approp *Requires resolution by the Bo	riation of Funds*
ACCOUNT DESCRIPTION	ACCOUNT NUMBER	AMOUNT**
As it appears in Munis	Fund-Dept-Div-SubDiv-Prog-SubProg-Future-Obj-Proj	Whole dollars only
Ex. Employee Training	XXXX-XXX-XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Ex. (\$5,000)
	Ex. 1000-BGT-000-00000-000000-000000-01-520011-	Ex. \$5,000
Dental Insurance Contributions	8000-000-000-00000-Dental-ActEmpl-0000-01-439002-	\$ (198,000.00)
Health Insurance Contributions	8000-000-000-00000-Health-ActEmpl-0000-01-439001-	\$ (790,198.00)
Life Insurance Contributions	8000-000-000-00000-Lfelns-ActEmpl-0000-01-439003-	\$ (164,684.00)
Claims	8000-000-000-00000-Health-ActEmpl-0000-01-510201-	\$ 1,152,882.00
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	-	-
	-	
	+	
	+	
	_	
	Check cell- Amounts must sum to \$0	
** 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.		
JUSTIFICATION FOR REQUEST:		
Appropriation of Self Insurance additional revenues to Cover Funding Shortage in FY 2022.		