GASTON COUNTY BUDGET CHANGE REQUEST						
TO: Earl Mather		rsCOUNTY		IANAGER		
FROM:	5100	DHHS - Public Health				
	Dept. #	Department Name				
	Department Director	's Signature Da	ate			
TYPE OF REQUE	ST:					
Line Item Transfer Within Department & Fund				ine Item Transfer Between I	Funds *	
Project Transfer Within Department & Fund			X	X Additional Appropriation of Funds *		
Line Item Transfer Between Departments*			* Requires resolution by the Board of Commissioners			
			Resolutio	n# D	ate	
		ACCOUNT NUM	BER	PROJECT	AMOUNT	
ACCOUNT DESCRIPTION		Fund - Dept - Subdept - Div - A		SUBPROJECT	Whole Dollars Only	
(As it appears in the budget)		xx - xxxx - xxxx - xxxx -	- xxx - xxx	xxxxx - xxxx	(See Note Below)	
Preceptorship Funds		11-5100-5113-5120-890			(\$264)	
Special Programs		11-5100-5113-5120-298-000		16266-0001	\$264	
JUSTIFICATION FOR REQUEST:						
The Gaston County Department of Health and Human Services – Public Health Division was awarded preceptor funds						
from the Charlotte Area Health Education Center for preceptor work. The Public Health Department provided clinical preceptors for North Carolina graduate health science students. The Preceptor Program provides funds for the time that						
the student spent with each provider. These funds will be used for the Public Health clinic staff medical training						
opportunities and educational supplies. These are non-County funds.						
APPROVAL SIG	BNATURES:					
County Manager/Assistant County Manager Date Interim Financial Services Director Date						
			Assistant F	Assistant Finance Director Date		
Note: Decreases in expenditures & increases in revenue accounts require brackets. Increases in expenditures & decreases in						
revenue do not require brackets. Please note that transfers between funds require interfund transfer accounts.						