	GASTON C	OUNTY BUDGET CHA	NGE REQUEST	
TO:	Dr. Kim S. Eagle	COUNTY	MANAGER	
FROM:		Survivor Network		
		epartment Name		
	Tara Joyner	07/14/2021		
	Department Director's Nam			
	Boparamont Bureator o . tam.	2 2 3.13		
TYPE OF REQUE	EST:			
Line Item Transfer Within Department & Fund X Line Item Transfer Between Funds *				
Project Tr	ransfer Within Department & Fund	Х	Additional Appropriation of F	Funds *
Line Item	Transfer Between Departments*	* Requires resolution by the Board of Commissioners		
		ACCOUNT N	IUMBER	AMOUNT
ACCOUNT DESCRIPTION		Fund - Function - Dept - Div	ision - Object -Project	Whole Dollars Only
(As it appears in the budget)		XXX - XX - XXXX - XXXX	- XXXXX - XXXXXX	(See Note Below)
Fund Bal Appropropropropropropropropropropropropro	oriated Fund Ib. Assist. s Closet	020-99-9900-0000-490000- 020-98-9800-0000-580010- 010-98-9800-0000-480020- 010-05-5810-5585-560000-		(\$758.00) \$758.00 (\$758.00) \$758.00
During FY20, G (Family Justice	aston County citizens and c Center). The funding must b nors in correct fund 010. Tra	organization donated a total be appropriated into the FY2 ansferring between funds an	22 HUSN Budget in orde	er to be used as
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.				