	GAST	ON COUNTY BUDG	SET CHAI	NGE REQUEST	
TO:	Earl Mathe	county		MANAGER	
FROM:	5582/5600 DI	HHS-Social Services Divi	ision		
T IXOW.	Dept. #	Department Name			
	Department Directo	r's Signature D	ate		
TYPE OF REQUE	ST:				
Line Item Transfer Within Department & Fund				Line Item Transfer Between F	Funds *
Project Transfer Within Department & Fund			X Additional Appropriation of Funds *		
Line Item	Transfer Between Depart	tments*	*	Requires resolution by the B	oard of Commissioners
			Resoluti	on # D	ate
		ACCOUNT NUM	IBER	PROJECT	AMOUNT
ACCOUNT DESCRIPTION		Fund - Dept - Subdept - Div - A	Acct - Subacct	SUBPROJECT	Whole Dollars Only
(As it appears in the budget)		xx - xxxx - xxxx - xxxx	- xxx - xxx	xxxxx - xxxx	(See Note Below)
Donations		20-5582-840-501			(10,642)
Shelter Private Grants		20-5582-891-518			(9,148)
Special Programs: Donations		20-5582-298-000		08162-0001	19,790
Donations		20-5600-840-501			(423)
Special Programs: Donations		20-5600-298-000		08159-0001	423
Special Programs: Donations		20-5600-298-000		15259-0001	1,198
Home Delivered Meals/Donations		20-5600-5622-840-504			(1,198)
					(1,110)
Department of H	quarter of FY2015-	-2016, Gaston County cirervices - Social Services nors.		•	
APPROVAL SIG		ger Date	Interim Fi	nancial Services Director	Date
County Manager/Assistant County Manager Date			IIIIGIIIII FI	TRANSIA SCIVICES DIRECTO	Daic
			Assistant	Finance Director	Date
		creases in revenue accour e note that transfers between			