GASTON COUNTY BUDGET CHANGE REQUEST						
TO: _	TO: <u>Earl Mathers</u>			_COUNTY	MANAGER	
FROM: _	4315	15 SHERIFF'S OFFICE				
1 1.Com	Dept. #	De	partment Name			
_						
[Department Dire	ector's Name)	Date		
TYPE OF REQUES	ST:					
Line Item Transfer Within Department & Fund Line Item Transfer Between Funds *						
Project Transfer Within Department & Fund X Additional Appropriation of Funds *						
Line Item T	ransfer Between D	epartments*		<u>.</u>	Requires resolution by the E	Board of Commissioners
			ACCOUNT NUMBER		AMOUNT	
ACCOUNT DESCRIPTION			Fund - Function - Dept - Division - Object - Project		Whole Dollars Only	
(As it appears in the budget)			XXX - XX - XXXX - XXXX - XXXXXX			(See Note Below)
FUND BALANCE APPROPRIATED FURN/EQUIP > \$5,000			010-99-9900-0000-490000 010-01-4265-4260-540002-18133			{37,500} 37,500
According the macovered through purchased. The	Whole Body So anufacturer, Virt the life expecta service agreem upgrades at no	tual Imaging ncy, it is rec ent cost per charge, inc	, the life expectar ommended that a year is \$7,500 to luding providing I	ncy of the san extended begin in 2 hardware si		ensure the system is foor service agreement is full lmaging has agreed to

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.