

GASTON COUNTY BUDGET CHANGE REQUEST

TO: _____ COUNTY MANAGER

FROM: _____

5582/5600 Health & Human Services

Dept. # Department Name

Department Director's Signature Date

<input type="checkbox"/>	Line Item Transfer Within Department & Fund	<input type="checkbox"/>	Line Item Transfer Between Funds *
<input type="checkbox"/>	Project Transfer Within Department & Fund	<input checked="" type="checkbox"/>	Additional Appropriation of Funds *
<input type="checkbox"/>	Line Item Transfer Between Departments*	<u>* Requires resolution by the Board of Commissioners</u>	

ACCOUNT DESCRIPTION (As it appears in the budget)	ACCOUNT NUMBER Fund - Dept - Subdept - Div - Acct - Subacct xx - xxxx - xxxx - xxxx - xxx - xxx	PROJECT SUBPROJECT xxxxxx - xxxx	AMOUNT Whole Dollars Only (See Note Below)
Fund Balance Appropriated	20-9900-991-500		(49,842)
Special Programs: Donations	20-5582-298-000	08162-0001	44,974
Special Programs: Donations	20-5600-298-000	08159-0001	422
Special Programs: Donations	20-5600-298-000	15259-0001	3,220
Special Programs: Donations	20-5600-298-000	15260-0001	697
Special Programs: Donations	20-5300-5585-298-000	16282-0001	529

APPROVAL SIGNATURES:

County Manager/Interim Assistant County Manager		Date		Financial Operations Manager/Asst. Financial Operations Mgr.		Date
				Interim Budget Administrator		
					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.