GASTON COUNTY BUDGET CHANGE REQUEST					
TO:	Earl Mathers		_COUNTY MANA	GER	
EDOM:	5582/5600 DH	IHS- Social Services	-		
FROM:		Department Name	<u> </u>		
	Bepti # Beptitment Name				
	Department Director's Name D		 Date		
	Department Director 3 Na		Date		
TYPE OF REQUE	ST:				
Line Item Transfer Within Department & Fund Line Item Transfer Between Funds *					Funds *
Project Tr	ansfer Within Department & Fu	nd	X Additio	onal Appropriation of F	Funds *
Line Item Transfer Between Departments* * Requires resolution by the 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 - xxxxx		xxxxxx	(See Note Below)
Shelter: Donations		020-05-5582-0000-415001-			(23,009)
CAC: Donations		020-05-5585-0000-415001-			(152)
Adult Services: Donations		020-05-5600-0000-415001-			(1,378)
		020-05-5622-0000-415003-			(1,702)
Residential Child Care: Donations		020-05-5867-0000-415001-			(300)
Special Programs:Donations Shelter		020-05-5582-0000-560000-		08162	23,009
Special Programs:Donations- CAC		020-05-5585-0000-560000-		16282	152
Special Programs:Donations- Adult Serv		020-05-5600-0000-560000-		08159	1,378
Special Programs:Donations- Nutrition		020-05-5600-0000-560000-		15259	1,702
Special Programs:Residential Child Care		020-05-5867-0000	-560000-	17228	300
JUSTIFICATION I	FOR REQUEST:				
Department of H	nd quarter of FY2017-201 Health and Human Service ocial Services Budget in c	es - Social Services	Division. The fun	nding must be app	
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.					