GASTON COUNTY BUDGET CHANGE REQUEST						
TO: _	Earl Mathe	ers COUN		IANAGER		
FROM:		DHHS - Public Health				
	Dept. #	Department Name				
_						
[Department Directo	r's Signature Date	е			
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 Transfer Between Departments* * Requires				Requires resolution by the B	oard of Commissioners	
			Resolution # Date			
		ACCOUNT NUMBE	ER	PROJECT	AMOUNT	
ACCOUNT DESCRIPTION		Fund - Dept - Subdept - Div - Acct - Subacct		SUBPROJECT	Whole Dollars Only	
(As it appears in the budget)		xx - xxxx - xxxx - xxxx - xxx - xxx		xxxxx - xxxx	(See Note Below)	
Preceptorship Funds		11-5100-5113-5120-890-530			(\$2,175)	
Special Programs		11-5100-5113-5120-298-000		16266-0001	\$2,175	
JUSTIFICATION F						
The Gaston Cour	nty Department of	Health and Human Service	s – Public	Health Division was a	awarded preceptor funds	

from the Area Health Education Center for preceptor work. The Public Health Department provided clinical preceptors for North Carolina graduate health science students. The Preceptor Program provides funds for the time that the student spent with each provider. These funds will be used for the Public Health clinic staff medical training opportunities and educational supplies. These are non-County funds.

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.