	GASTON CO					
то:		Matthew Rhoten, County Manager				
FROM:	DSS	Social Services		]		
FROM:	Dept. Code	Department Name		J		
	·		I	7		
	Shannon Myers		10 /31/25	_		
	Department Director		Date			
REQUEST TYPE:	☐ Line-Item Transfer Wit☐ Project Transfer Withi☐ Line-Item Transfer Bet☐ Line-Item Transfer Bet☐ Additional Appropriati *Requires resolution by the Bo	tween Departments tween Funds* ion of Funds*				
ACCOUNT DESCRIPTION		ACCOUNT NUMBER		AN	//OUNT**	
As it appears in Munis	Fund-Dept-Div-	Fund-Dept-Div-SubDiv-Prog-SubProg-Future-Obj-Proj				
Ex. Employee Training	XXXX-XXX-XXXX-XXXXXX-XXXXXX-XXXXXX-XXXXX			Ex. (\$5,000.00)		
	Ex. 1000-BGT-000-0	00000-000000-0000000-	0000-01-520011-	Ex.	\$5,000.00	
Hope for the Holidays-Donation revenue	1000-CSS-274-00000-F	Hope4H-0000000-0000-0	05-445004-	\$	(50,000.00)	
Fund Balance Appropriated	1000-NDP-000-00000-	-FBApro-0000000-0000-	99-490000-	\$	50,000.00	
				<del>                                     </del>		
				+		
				+		
				<del>                                     </del>		
				+		
				†		
				<b>↓</b>		
				<del></del>		
** Decreases in expenditures and increases in revenue acco between funds require inter-fund transfer accounts.	unts require brackets. Increases in e	expenditures and decreases in rev	enue do not require bracke	\$ ts. Please not	te that transfers	
JUSTIFICATION FOR REQUEST:						
Appropriate funds donated from an anonymous	s donor for the 2025 seaso for children in need in 0		ays Project that pur	chases Ch	ıristmas gifts	