	GASTON C	OUNTY			
	BUDGET CHANGE I	REQUEST (BCR)			
TO:	Matthew Rhoten, Cou	inty Manager			
	DSS/CSS Social Services Dept. Code Department Name		7		
FROM:					
	Dept. code	Department Name	¬	_	
	Shannon Myers		10/9/25		
	Department Director		Date		
	Line-Item Transfer Wit Project Transfer Withi Line-Item Transfer Bet Line-Item Transfer Bet Additional Appropriat	in Department & Fund tween Departments tween Funds* ion of Funds*	d		
ACCOUNT DESCRIPTION		A CCOUNT NUMBER			
ACCOUNT DESCRIPTION  As it appears in Munis	ACCOUNT NUMBER Fund-Dept-Div-SubDiv-Prog-SubProg-Future-Obj-Proj			Ar	MOUNT**
Ex. Employee Training	XXXX-XXX-XXXX-XXXXXX-XXXXXX-XXXXXX-XXXXX			Ex.	(\$5,000.00)
		0-00000-000000-000000			\$5,000.00
Adult Nutrition donations	1000-CSS-272-00000-	AdtNut-HmDelMl-0000	-05-445004-	\$	(190.00)
Adult Nutrition donations		AdtNut-0000000-0000-		\$	190.00
Shelter Donations		Donatn-0000000-0000-		\$	(3,027.25)
Shelter Donations	1000-CSS-273-00000-I	Donatn-0000000-0000-	05-520019-	\$	3,027.25
CAC Donations	1000-CSS-274-00000-I	Donatn-0000000-0000-	05-445004-	\$	(1,059.22)
CAC Donations	1000-CSS-274-00000-I	Donatn-0000000-0000-	05-520019-	\$	1,059.22
Kara's Closet Donations		KaraCl-0000000-0000-0		\$	(1,078.00)
Kara's Closet Donations	1000-CSS-274-00000-I	KaraCl-0000000-0000-0	5-520019-	\$	1,078.00
				\$	
** Decreases in expenditures and increases in revenue accoun between funds require inter-fund transfer accounts.	ts require brackets. Increases in e	expenditures and decreases in re	venue do not require brackets. P		nat transfers
JUSTIFICATION FOR REQUEST:					
During the First quarter of FY2025-2026, Gaston Co	-			-	

intended by donors.