GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

TO:	D		COUNTY MANAGER						
FROM:	4350	ent Ser	/ices						
	ept. Code Department Name								
			8/23/2023						
	Depar		Date						
REQUEST TYPE:									
Line-Item Transfer	Within Depart	tment & Fu	nd		Line	e-Item	Trans	fer Betwe	en Funds*
Project Transfer W	ithin Departme	ent & Fund	I	✓	Add	litiona	l Appro	priation c	f Funds*
Line-Item Transfer	Between Depa	artments			* Re	quires r	esolutio	n by the Bo	ard of Commissioners
ACCOUNT DESCRIPTION		ACCOUNT NUMBER							AMOUNT**
As it appears in Munis		3 3	5 6	7	4	2	6	5	Whole dollars only
Ex. Employee Training	Fund Dept Div SubDiv Prog SubProg Future Func Obj Proj XXXX XXXX XXXX XXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								Ex. \$5,000 Ex. (\$5,000)
Housing Rehab Improvements	1000-BDS-233-00000-UrgRpr-ProgInc-0000-07-540015-22221								6,340
Housing Rehab Improvements	1000-BDS-2								(6,340)
ILICTIFICATION FOR DEOL									<u> </u>

JUSTIFICATION FOR REQUEST:

Homeowner did not stay in home to fulfill time in signed promissory note, the remainder of amount is to be paid back to Gaston County if time in home is not fulfilled.

^{**} Decreases in expenditures and increases in revenue accounts require brackets. Increases in expenditures and decreases in revenue do not require brackets. Please note that transfers between funds require inter-fund transfer accounts.