

# GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

TO: \_\_\_\_\_ Dr. Kim S. Eagle \_\_\_\_\_ COUNTY MANAGER

FROM: \_\_\_\_\_ DSS \_\_\_\_\_ Social Services  
Dept. Code Department Name

\_\_\_\_\_ Angela Karchmer \_\_\_\_\_ 5/13/24  
Department Director Date

## REQUEST TYPE:

☐ Line-Item Transfer Within Department & Fund

☐ Line-Item Transfer Between Funds\*

☐ Project Transfer Within Department & Fund

☒ Additional Appropriation of Funds\*

☐ Line-Item Transfer Between Departments

\* Requires resolution by the Board of Commissioners

## ACCOUNT DESCRIPTION

As it appears in Munis

Ex. Employee Training

## ACCOUNT NUMBER

4	3	3	5	6	7	4	2	6	5
Fund	Dept	Div	SubDiv	Prog	SubProg	Future	Func	Obj	Proj
XXXX	XXX	XXX	XXXXX	XXXXXX	XXXXXX	XXXX	XX	XXXXXX	XXXXX

Ex. 1000-BGT-000-00000-000000-0000000-0000-01-520011-

## AMOUNT\*\*

Whole dollars only

Ex. \$5,000

Ex. (\$5,000)

Fund Balance Appropriated

2000-NDP-000-00000-FBApro-0000000-0000-99-490000-

(175,000)

Beneficiary Needs

2000-DSS-000-00000-000000-0000000-0000-05-570008-

175,000

## JUSTIFICATION FOR REQUEST:

To appropriate fund balance to cover payee disbursements over and above the budget including payouts for clients no longer in DSS custody and transfers to Social Security Administration for deceased clients.

\*\* 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.