GASTON COUNTY BUDGET CHANGE REQUEST						
TO: _	TO: <u>Earl Mathers</u>		_ COUNTY MANAGER			
FROM:	4370 E	mergency Medical Servic	es	s		
-	Dept. #	Department Name				
9-12-2016						
Department Director's Signature Date						
TYPE OF REQUES	ST:					
Line Item Transfer Within Department & Fund				ne Item Transfer Between F	Funds *	
Project Tra	nsfer Within Department	& Fund	XA	dditional Appropriation of F	unds *	
Line Item Transfer Between Departments* <u>* Requires resolution by the Board of Commissioners</u>						
			Resolution # Date			
		ACCOUNT NUME	BER	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)	
Fund Balance-Appropriated		10-9900-991-500			(\$ 19,249)	
		40 4070 500 000				
Equip/Furn:\$250-\$4999 Equip/Furn:\$5000+		10-4370-530-000 10-4370-510-000			\$ 10,373 \$ 8,876	
Equip/Full.\$5000+		10-4070-010-000			φ 0,070	
JUSTIFICATION FOR REQUEST:						
searches (\$1,500	); Two AEDs and c	grant to purchase: Two cabinets, one for Veterans and One fit testing machir	s Services a	nd one for EDC/Visito	ors Center (\$4,000); One	
APPROVAL SIG	NATURES:					
County Manager/Assistant County Manager Date Finance Director/Budget Administrator Date						
		reases in revenue account				