GASTON COUNTY BUDGET CHANGE REQUEST						
TO:	Earl Mathers		_COUNTY M	IANAGER		
FROM:	5100	DHHS - Public Health				
	Dept. #	Department Name				
Ī	Department Director	's Signature D	ate			
TYPE OF REQUE	ST:					
Line Item Transfer Within Department & Fund				ine Item Transfer Between I	Funds *	
Project Transfer Within Department & Fund				Additional Appropriation of F	Funds *	
Line Item Transfer Between Departments* <u>* Requires resolution by the Board of Commissioners</u>						
F			Resolutio	esolution # Date		
		ACCOUNT NUM	IBER	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		xxxxx - xxxx	(See Note Below)	
		11-5100-5150-5151-320	0-505		(\$5,574)	
Employee Develo	mployee Development/Training 11-5100-5150-515		5-000		\$5,574	
JUSTIFICATION F	OR REQUEST:					
The Gaston Cou	nty Department of H				ed additional State Grant	
funds from the NC Division of Public Health for the Maternity Program. The funds were granted to assist local health departments with additional Maternity staff training events. These funds will be used for the Maternity staff to participate						
in staff development and training activities. These are Non-County funds.						
APPROVAL SIG	NATURES:					
County Manager/Interim Assistant County Manager Date			Financial Operations Manager/Asst. Financial Operations Mgr. Date			
				A .1		
Interim Budget Administrator Dat						

Note: Decreases in expenditures & increases in revenue accounts require brackets. Increases in expenditures & decreases in revenue do not require brackets. Please note that transfers between funds require interfund transfer accounts.