	GASTON C	OUNTY BUDGE	T CHANGE REQUEST		
TO:	Dr. Kim S. Eagle	C	OUNTY MANAGER		
FROM:					
i itolvi.		epartment Name			
	Michael Applegate	10/5	5/2021		
			Pate		
TYPE OF REQU	EST:				
Line Item Transfer Within Department & Fund Line Item Transfer Between Funds *					
Project T	ransfer Within Department & Fund		X Additional Appropriation of	Funds *	
Line Item	Transfer Between Departments*		* Requires resolution by the Board of Commissioners		
		ACC	COUNT NUMBER	AMOUNT	
ACCOUNT DESCRIPTION		Fund - Function	Fund - Function - Dept - Division - Object - Project		
(As it appears in the budget)		xxx - xx - xx	XX - XXXX - XXXXX	(See Note Below)	
Fund Balance Appropriated Seasonal Fencing & Padding Project			022-99-9900-0000-490000 022-07-4921-0000-560000-22216		
JUSTIFICATION	FOR REQUEST:				
Funds to the Op	perating Budget Project Acc egion Field and Caromont I	ount for the Purchas	m Travel & Tourism's Fund Bal e of a Seasonal Fencing and P eball to Softball for Gaston Col	adding System to	
See Board Action for details.					
			require brackets. Increases in e		