	GASTON C	OUNTY BUDGET CHA	NGE REQUEST	
TO:	Dr. Kim S. Eagle	COUNTY	MANAGER	
FROM:		nd Development Services		
PROW.	Dept. # Department Name			
	David Williams	09-10-2019		
	Department Director's Nam			
TYPE OF REQUE	ST:			
X Line Item	Transfer Within Department & Fur	d Line Item Transfer Between Funds *		
Project Tr	ansfer Within Department & Fund	х	Additional Appropriation of F	Funds *
Line Item	Transfer Between Departments*		* Requires resolution by the B	Board of Commissioners
		ACCOUNT N	 IUMBER	AMOUNT
ACCOUNT DESCRIPTION		Fund - Function - Dept - Division - Object - Project		Whole Dollars Only
(As it appears in the budget)		XXX - XX - XXXX - XXXX - XXXXX		(See Note Below)
Love Where You Live Grant		010-02-4910-4910-420001-20540		(\$500)
Miscellaneous Supplies		010-02-4910-4910-520007		(\$500)
Love Where You Live Grant		010-02-4910-4910-560000-20540		\$1,000
JUSTIFICATION F				
Matching County	y funds already included in	budget. Additional appropri	ation of \$500 in state gra	ant funds.
		in revenue accounts require at transfers between funds req		