		ASTON COUNTY			
BUDGET CHANGE REQUEST (BCR)					
то:	Dr. Kim S. Eagle, County Manager				
FROM:	EMS Gaston County EMS			Ţ	
	Dept. Code Department Name		1		
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		rk Lamphiear	10/4/2023]	
	Depar	tment Director	Date		
REQUEST TYPE:	Line-Item Transfer Wit Project Transfer Withir Line-Item Transfer Bet		☐ Line-Item Transfer ✓ Additional Approp *Requires resolution by the Bo	riation of	Funds*
ACCOUNT DESCRIPTION	ACCOUNT NUMBER				10UNT**
As it appears in Munis	Fund-Dept-Div-SubDiv-Prog-SubProg-Future-Obj-Proj			Whole dollars only	
Ex. Employee Training	xxxx-xxx-xxxx-xxxxxx-xxxxxx-xxxxxx-xxxxx				. (\$5,000)
	Ex. 1000-BGT-000-00000-000000-000000-0000-01-520011-			Ex	«. \$5 <i>,</i> 000
Fund Balance Appropriated	4000-NDP-000-00000-	FBApro-0000000-0000-99-49000	00-	\$	(850,642.00)
Transfer to Gen Govt Capital	4000-NDP-000-00000-TrfxTo-0000000-0000-98-584005-			\$	850,642.00
Transfer from CIF	4005-NDP-000-00000-TrfxFr-0000000-0000-98-484000-			\$	(850,642.00)
Motor Vehicles	4005-EMS-000-00000-Annual-PayAsGo-0000-02-540003-			\$	281,000.00
Motor Vehicles	4005-GPD-000-00000-	Annual-PayAsGo-0000-02-54000	3-	\$	569,642.00
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	1	Charle	cell- Amounts must sum to \$0		

** 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.

JUSTIFICATION FOR REQUEST:

Appropriate funds for replacement of the Mobile Command Unit and Rescue Ambulance Unit.