	GASTON C		ET CHA	NGE REQUES	Т
TO:	Dr. Kim S. Eagle		_COUNTY	MANAGER	
FROM:	ROM: 4130 Finance				
	Tiffany Murray	10)/11/2021		
Ī	Department Director's Name	ime Date			
TYPE OF REQUE	ST:				
Line Item	Transfer Within Department & Fun	ıd	x	Line Item Transfer Be	tween Funds *
Project Tra	ansfer Within Department & Fund			Additional Appropriati	ion of Funds *
Line Item	Transfer Between Departments*		*	Requires resolution b	y the Board of Commissioners
	<u> </u>	A	CCOUNT N	JMBER	AMOUNT
ACCOUNT DESCRIPTION		Fund - Function - Dept - Division - Object - Project		Whole Dollars Only	
(As it appears in the budget)		xxx - xx - xxxx - xxxx - xxxxx - xxxxx		(See Note Below)	
081-98-9800-0000-580010-		Transfer to Gen'l Fund		\$80,00	
081-99-9900-0000-490000-		Fund Balance Appropriated		(\$80,000	
010-01-4199-000	010-01-4199-0000-560000-22217		Employee Wellness Funds		\$80,00
010-98-9800-000	010-98-9800-0000-480081-		Transfers from Self Insurance		(\$80,000
JUSTIFICATION F	OR REQUEST:				
	oyee wellness funds from BO	CBS to be used for	or employee	e recognition and e	employee engagement.
	in expenditures & increases quire brackets. Please note th				s in expenditures & decreases i er accounts