

GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

TO: _____ Dr. Kim S. Eagle _____ COUNTY MANAGER

FROM: _____ 4350 _____ Building Development Services
Dept. Code Department Name

_____ Brian Sciba _____ 3/28/2023
Department Director Date

REQUEST TYPE:

- ☐ Line-Item Transfer Within Department & Fund

☐ Line-Item Transfer Between Funds*

☐ Project Transfer Within Department & Fund

☒ Additional Appropriation of Funds*

☐ Line-Item Transfer Between Departments
- * Requires resolution by the Board of Commissioners

ACCOUNT DESCRIPTION As it appears in Munis	ACCOUNT NUMBER										AMOUNT** Whole dollars only
	4	3	3	5	6	7	4	2	6	5	
	Fund	Dept	Div	SubDiv	Prog	SubProg	Future	Func	Obj	Proj	
	XXXX	XXX	XXX	XXXXX	XXXXXX	XXXXXX	XXXX	XX	XXXXXX	XXXXX	
Ex. Employee Training	Ex. 1000-BGT-000-00000-0000000-0000000-0000-01-520011-										Ex. \$5,000 Ex. (\$5,000)
Housing Rehab Improvements	1000-BDS-233-00000-UrgRpr-ProgInc-0000-07-540015-22221										3,900
Fund Balance Appropriated	1000-NDP-000-00000-FBApro-0000000-0000-99-490000-										(3,900)

JUSTIFICATION FOR REQUEST:

Homeowner did not stay in home to fulfill time in signed promissory note, the remainder of amount is to be paid back to Gaston County if time in home is not fulfilled.

** 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.