GASTON COUNTY
BUDGET CHANGE REQUEST (BCR)

TO: Mr. Matthew Rhoten, County Manager

FROM:

FIN	Finance
Dept. Code	Department Name

Kyle Sutherland	6/23/2026
Department Director	Date

REQUEST TYPE:

- ☐ Line-Item Transfer Within Department & Fund
- ☐ Project Transfer Within Department & Fund
- ☐ Line-Item Transfer Between Departments
- ☐ Line-Item Transfer Between Funds*
- ☑ Additional Appropriation of Funds*

*Requires resolution by the Board of Commissioners

ACCOUNT DESCRIPTION As it appears in Munis Ex. Employee Training	**ACCOUNT NUMBER** Fund-Dept-Div-SubDiv-Prog-SubProg-Future-Obj-Proj XXXX-XXX-XXX-XXXXX-XXXXXX-XXXXXXX-XXXX-XX-XXXXXX-XXXXX Ex. 1000-BGT-000-00000-000000-0000000-0000-01-520011-	**AMOUNT**** Ex. ($5,000.00) Ex. $5,000.00
Fund Balance Appropriated	1000-NDP-000-00000-FBApro-0000000-0000-99-490000-	$ (11,000,000.00)
Transfer to Self Insurance Fund	1000-NDP-000-00000-TrfxTo-0000000-0000-98-588000-	$ 11,000,000.00
Transfer from General Fund	8000-NDP-000-00000-TrfxFr-0000000-0000-98-481000-	$ (11,000,000.00)
Claims	8000-000-000-00000-Health-ActEmpl-0000-01-510201-	$ 6,000,000.00
Claims	8000-000-000-00000-Phmrcy-ActEmpl-0000-01-510201-	$ 5,000,000.00
Beneficiary Needs	2000-DSS-000-00000-000000-0000000-0000-05-570008-	$ 100,000.00
Beneficiary SSA/SSI	2000-DSS-000-00000-000000-0000000-0000-05-410209-	$ (100,000.00)
		$ -

** 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:

To appropriate General Fund fund balance and transfer to Self Insurance fund to cover expenses. Funds received in Fund 8000 cover health, dental, and life insurance for active and retired employees. BCR also to increase Social Services Benefeciary Fund revenue and expenses to cover additional expenses.