GASTON COUNTY			
		BUDGET CHANGE REQUEST (BCR)	
то:		Dr. Kim S. Eagle, County Manager	
FROM:		FIN Finance	1
TROW.		Dept. Code Department Name	1
		Tiffany Murray 8/22/2023]
		Department Director Date	
REQUEST TYPE:	_ _ _	Line-Item Transfer Within Department & Fund	riation of Funds*
ACCOUNT DESCRIPTIO	N I	ACCOUNT NUMBER	AMOUNT**
ACCOUNT DESCRIPTION As it appears in Munis		ACCOUNT NUMBER Fund-Dept-Div-SubDiv-Prog-SubProg-Future-Obj-Proj	Whole dollars only
Ex. Employee Training		XXXX-XXX-XXXX-XXXXXX-XXXXXXXXXXXXXXXXX	Ex. (\$5,000)
		Ex. 1000-BGT-000-00000-000000-000000-01-520011-	Ex. \$5,000
Fines & Forfeitures/ C of C		2050-000-000-00000-School-0000000-0000-03-410206-	\$ (6,000.00)
School Fines & Penalties		2050-000-000-00000-School-0000000-0000-03-570005-	\$ 6,000.00
			4 (500,000,00)
Health Insurance Contributio Claims	ns	8000-000-000-00000-Health-ActEmpl-0000-01-439001-	\$ (500,000.00) \$ 250,000.00
Claims		8000-000-0000-Phmrcy-ActEmpl-0000-01-510201- 8000-000-000-0000-Health-Retiree-0000-01-510201-	\$ 250,000.00 \$ 250,000.00
Ciairiis		8000-000-000-00000-Health-Nethree-0000-01-510201-	3 230,000.00
		Check cell- Amounts must sum to \$0	\$ -
** Decreases in expenditures and increa between funds require inter-fund transl		nue accounts require brackets. Increases in expenditures and decreases in revenue do not require brackets.	s. Please note that transfers
JUSTIFICATION FOR REQUES	T:		
_		d over and above the FY2023 budget. Funds received in the fund 2050 are rer cover health, dental, and life insurance for active and retired employees.	nitted to Gaston County