GASTON COUNTY BUDGET CHANGE REQUEST						
TO: Earl Mather		rs COUNTY		ANAGER		
FROM:	5582/5600 Dept. #	DHHS- Social Services Department Name	S			
	Dopti "	Dopartinont Hamo				
	Department Director	r's Signature D	late			
TYPE OF REQUE	ST:					
Line Item Transfer Within Department & Fund			Li	Line Item Transfer Between Funds *		
Project Transfer Within Department & Fund			XA	Additional Appropriation of Funds *		
Line Item Transfer Between Departments*				* Requires resolution by the Board of Commissioners		
			Resolutio	n # D	Date	
		ACCOUNT NUM	IBER	PROJECT	AMOUNT	
ACCOUNT DESCRIPTION		Fund - Dept - Subdept - Div -	Acct - Subacct	SUBPROJECT	Whole Dollars Only	
(As it appears in the budget)		xx - xxxx - xxxx - xxxx	- xxx - xxx	xxxxx - xxxx	(See Note Below)	
Donations:Shelter		20-5582-840-501			(4,380)	
Shelter Private Grants		20-5582-891-518			(32,704)	
Special Programs: Donations		20-5582-298-000		08162-0001	37,084	
Home Delivered Meals/Donations		20-5600-5622-840-504			(975)	
Special Programs: Adult Nutrition		20-5600-298-000		15259-0001	975	
Donations		20-5600-840-501			(935)	
Special Programs: Donations		20-5600-298-000		08159-0001	935	
Department of H	quarter of FY2016-	ervices - Social Services			a total of \$38,994 to the propriated in order for the	
APPROVAL SIG	SNATURES:					
County Manager/Interim Assistant County Manager Date			Financial Operations Manager/Asst. Financial Operations Mgr. Date			
			Interim Budget Administrator		Date	
Note: Decreases	Note: Decreases in expenditures & increases in revenue accounts require brackets. Increases in expenditures & decreases in					
revenue do not require brackets. Please note that transfers between funds require interfund transfer accounts.						