

## GASTON COUNTY BUDGET CHANGE REQUEST

TO: Earl Mathers COUNTY MANAGER

FROM: 4370 Emergency Medical Services  
 Dept. # Department Name

Mark A. Lamphiear 9-14-2016  
 Department Director's Signature Date

**TYPE OF REQUEST:**

- |  |   |
|--|---|
| <input type="checkbox"/> Line Item Transfer Within Department & Fund | <input type="checkbox"/> Line Item Transfer Between Funds *             |
| <input type="checkbox"/> Project Transfer Within Department & Fund   | <input checked="" type="checkbox"/> Additional Appropriation of Funds * |
| <input type="checkbox"/> Line Item Transfer Between Departments*     | * Requires resolution by the Board of Commissioners                     |

Resolution #	Date
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ACCOUNT DESCRIPTION (As it appears in the budget)	ACCOUNT NUMBER <small>Fund - Dept - Subdept - Div - Acct - Subacct</small> <small>xx - xxxx - xxxx - xxxx - xxx - xxx</small>	PROJECT SUBPROJECT <small>xxxxx - xxxx</small>	AMOUNT Whole Dollars Only (See Note Below)
Amb Fees: Patient	10-4370-410-507		(\$ 48,750)
Amb Fees: Insurance	10-4370-420-500		(\$ 97,500)
Amb Fees: Medicare/Medicaid	10-4370-421-500		(\$ 178,750)
Other Services	10-4370-399-000		\$ 325,000

**JUSTIFICATION FOR REQUEST:**  
 Offset fully by additional expected revenue in three revenue accounts, provide funding to outsource GEMS billing, effective 1-1-17 at an anticipated FY 17 cost of \$325,000.

**APPROVAL SIGNATURES:**

\_\_\_\_\_  
 County Manager/Assistant County Manager Date

\_\_\_\_\_  
 Finance Director/Budget Administrator Date

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.