GASTON COUNTY BUDGET CHANGE REQUEST						
TO: _	Earl Mather	rs(COUNTY MANAGER			
FROM:		mergency Medical Service	S			
Dept. # Department Name						
Mark A. Lamphiear 7-6-2018						
Department Director's Signature Date						
TYPE OF REQUEST:						
Line Item Transfer Within Department & Fund				Line Item Transfer Between Funds *		
Project Transfer Within Department & Fund X Additional Appropriation of Funds *					unds *	
Line Item Transfer Between Departments* <u>* Requires resolution by the Board of Commissioners</u>						
			Resolutior	ו#D	ate	
		ACCOUNT NUMBE	R	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)	
Miscellaneous Revenue		010-02-4370-0000-415000			(\$ 11,749.00)	
Training		010-02-4370-0000-520011			\$ 11,749.00	
JUSTIFICATION FOR REQUEST:						
Partners Behavioral Health Management allocated \$10,169 in funds to GEMS to help with training in Community Paramedicine, a new and evolving aspect of Emergency Medical Services. In addition, donated funds were received. Funds will be utilized for additional training programs.						
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.						