GASTON COUNTY BUDGET CHANGE REQUEST					
TO:	Earl Mathers		COUNTY MANAGER		
EDOM:		IHS- Social Services			
FROM.		Department Name			
	•				
Department Director's Name Date					
TYPE OF REQUE	ST:				
Line Item Transfer Within Department & Fund Line Item Transfer Between Funds *					
Project Transfer Within Department & Fund X Additional Appropriation of Funds *					
Line Item Transfer Between Departments* * Requires resolution by the Board of Commissioners					
		ACCOUNT	NUMBER		AMOUNT
ACCOUNT DESCRIPTION		Fund - Function - Dept - Division - Object		PROJECT	Whole Dollars Only
(As it appears in the budget)		xxx - xx - xxxx - xxxx - xxxxx		xxxxxx	(See Note Below)
Fund Balance Appropriated		020-99-9900-0000	-490000		(65,115)
Special Programs:Donations Shelter		020-05-5582-0000-560000-		08162	62,880
		020-05-5600-0000-560000-		08159	1,190
		020-05-5600-0000-560000-		15259	495
Special Programs:Donations- CAC 020-05-5		020-05-5585-0000	-560000-	16282	550
JUSTIFICATION FOR REQUEST:					
		Gaston County cit	izens and organiz	zations donated a	total of \$65 115 to the
During the fourth quarter of FY2016-2017, Gaston County citizens and organizations donated a total of \$65,115 to the Department of Health and Human Services - Social Services Division. The funding must be transferred from the Fund Balance and appropriated to the FY2017-2018 Social Services Budget in order to be used as intended by donors.					

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.