	GA	STON COUNTY	BUDGET CHANGE	REQUEST	
TO:	Earl Mathers		COUNTY MANA	AGER	
EDOM:	FROM: 5868 DHHS- Social Services		Services		
FROM:	Dept. #	Departmen	<del></del>		
	Bopt. II Bopartinone Name		rianio		
	Department Direct	ctor's Name	Date		
TYPE OF REQUE	EST:				
Line Item	Transfer Within Depa	artment & Fund	Line Ite	em Transfer Between	Funds *
Project T	ransfer Within Departr	ment & Fund	X Addition	onal Appropriation of F	Funds *
Line Item Transfer Between Departments*  * Requires resolution by the Board of Commissioners					
		A	CCOUNT NUMBER		AMOUNT
ACCOUNT DESCRIPTION		Fund - F	Fund - Function - Dept - Division - Object		Whole Dollars Only
(As it appears in the budget)		xxx -	xx - xxxx - xxxx - xxxxx	xxxxxx	(See Note Below)
			368-0000-415001		(1,144)
LINKS Program Donations			368-0000-560000-13263		1,144
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JUSTIFICATION FOR REQUEST:					
During the third quarter of FY2017-2018, a Gaston County organization donated \$1,144 to the Department of Health and					
Human Services - Social Services Division for the LINKS Program The funding must be appropriated into the					
FY2017-2018 Social Services Budget in order to be used as intended by donor.					
Note: Decreases	in expenditures &	increases in revenu	ie accounts require bracket	s. Increases in ex	penditures & decreases in
			rs between funds require inte		