GASTON COUNTY BUDGET CHANGE REQUEST					
TO:	Earl Mathers (		COUNTY MANA	GER	
EDOM:	5582/5600 DH	HS- Social Services			
FROIVI.		Department Name			
	The state of the s				
	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)
Shelter: Donations		020-05-5582-0000-415001-			(7,650)
Shelter: Private Grants		020-05-5582-0000-430008-			(1,000)
CAC: Donations		020-05-5585-0000-415001-			(383)
Adult Services: Donations		020-05-5600-0000-415001-			(740)
Nutrition: Donati	ons	020-05-5622-0000-415003-			(1,351)
Residental Child	Care: Donations	020-05-5867-0000-415001-			(1,000)
Special Program	s:Donations Shelter	020-05-5582-0000-		08162	8,650
	ial Programs:Donations- CAC 020-05-5585-0000-560000-			16282	383
	al Programs:Donations- Adult Serv 020-05-5600-0000-560000-			08159	740
	ial Programs:Donations- Nutrition 020-05-5600-0000-560000-			15259	1351
Special Program		020-05-5867-0000-		16213	1,000
JUSTIFICATION F	FOR REQUEST:				
During the third quarter of FY2017-2018, Gaston County citizens and organizations donated a total of \$12,124 to the Department of Health and Human Services - Social Services Division. The funding must be appropriated into 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.