	GASTON C	OUNTY BUDGET CHA	NGE REQUEST	
TO:	Earl Mathers COUN		' MANAGER	
FROM:	4950 NC Co	operative Extension		
	Dept. # Department Name			
David Fogarty		5/23/18		
	Department Director's Name	e Date		
TYPE OF REQUE	ST:			
Line Item Transfer Within Department & Fund			Line Item Transfer Between	Funds *
Project Tr	ansfer Within Department & Fund	x	Additional Appropriation of F	Funds *
Line Item	Transfer Between Departments*	* Requires resolution by the Board of Commissioners		
		ACCOUNT	NUMBER	AMOUNT
ACCOUNT DESCRIPTION		Fund - Function - Dept - Div	Fund - Function - Dept - Division - Object - Project	
(As it appears in the budget)		xxx - xx - xxxx - xxxx	( - xxxxx - xxxxxx	(See Note Below)
Master Gardner Master Gardner	Program	010-07-4950-4950-415013		[750] 750
Gardener Trainin	OR REQUEST: o Approve and Appropriate ngs and workshops. in expenditures & increases quire brackets. Please note th	in revenue accounts require	brackets. Increases in e	penditures & decreases in