	GASTON C		GET CHANGE REQUEST	
TO:	Earl Mathers		_COUNTY MANAGER	
FROM:	6130	Senior Center		
		epartment Name		
	Cathy Hart		6/8/2018	
Department Director's Name		le	Date	
TYPE OF REQUE	ST:			
Line Item	Transfer Within Department & Fu	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 E	Board of Commissioners
		A	ACCOUNT NUMBER	AMOUNT
ACCOUNT DESCRIPTION		Fund - Fund	ction - Dept - Division - Object - Project	Whole Dollars Only
(As it appears in the budget)		xxx - xx	- xxxx - xxxx - xxxxx	(See Note Below)
Donations		010-04-6130-0000-415001		(\$1,250
Senior Center Programming		010-04-6130-0000-560000-18069		\$1,250
JUSTIFICATION FOR REQUEST: The purpose of this request is to accept and appropriate Senior Games donations in the amount of \$1,250. These				
donations will be used to offset expenses for the 2018 games.				
			nts require brackets. Increases in ex	
revenue do not require brackets. Please note that transfers between funds require interfund transfer accounts.				