GASTON COUNTY BUDGET CHANGE REQUEST						
TO:	TO: Earl Mathers		COUNTY M	ANAGER		
-						
FROM: _	4380 GC	Department Name	nent			
Department Director's Signature Date						
TYPE OF REQUEST:						
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* <u>* Requires resolution by the Board of Commissioners</u>						
			Resolution	ד #D	Date	
		ACCOUNT NUMB	ER	PROJECT	AMOUNT	
ACCOUNT DESCRIPTION		Fund - Dept - Subdept - Div - Acct - Subacct		SUBPROJECT	Whole Dollars Only	
(As it appears in the budget)		xx - xxxx - xxxx - xxxx - xxx - xxx		xxxxx - xxxx	(See Note Below)	
Donations		010-02-4380-0000-415001			[684.00]	
Donations-Medical Care		010-02-4380-0000-415001-Medcl			[258.00]	
Medical Care		010-02-4380-0000-530015-Medcl			942.00	
JUSTIFICATION FOR REQUEST:						
		rked by donor for the med				
revenue fund to the expenditure fund. GCACE would like the donations (\$942) to be appropriated to the current fiscal year 17-18 into the Medical Care account to provide funding to care for shelter pets in need of extra medical care.						
APPROVAL SIG	NATURES:					
County Manager/Assistant County Manager Date			Interim Fina	ancial Services Director	Date	
				inance Director	Date	
Note: Decreases	in expenditures & inc	creases in revenue accounts	s require bra	ckets. Increases in ex	penditures & decreases in	
		e note that transfers between t				