

GASTON COUNTY BUDGET CHANGE REQUEST

TO: Earl Mathers COUNTY MANAGER

FROM: 4380 GC Animal Care and Enforcement
Dept. # Department Name

Department Director's Signature Date

TYPE OF REQUEST:

☐ Line Item Transfer Within Department & Fund

☐ Line Item Transfer Between Funds *

☐ Project Transfer Within Department & Fund

☒ Additional Appropriation of Funds *

☐ Line Item Transfer Between Departments*

* Requires resolution by the Board of Commissioners

Resolution #

Date

ACCOUNT DESCRIPTION (As it appears in the budget)	ACCOUNT NUMBER	PROJECT	AMOUNT
	Fund - Dept - Subdept - Div - Acct - Subacct	SUBPROJECT	Whole Dollars Only
	xx - xxxx - xxxx - xxxx - xxx - xxx	xxxxx - xxxx	(See Note Below)
Donations: Medical Care	010-02-4380-0000-415001-Medcl		[2,736.00]
Other Medical Supplies	010-02-4380-0000-520004		2,736.00

JUSTIFICATION FOR REQUEST:

Other medical donations accepted and appropriated to other medical supplies.

APPROVAL SIGNATURES:

County Manager/Assistant County Manager Date

Interim Financial Services Director Date

Assistant Finance Director Date

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.