Other Medical Supplies 010-02-4380-0000-520004 2,736. JUSTIFICATION FOR REQUEST:	GASTON COUNTY BUDGET CHANGE REQUEST							
FROM: 4380 GC Animal Care and Enforcement Department Name Department Director's Signature Date TYPE OF REQUEST:	TO:	Earl Mathers		COUNTY M	ANAGER			
Dept. # Department Name Department Director's Signature Date TYPE OF REQUEST:				-				
TYPE OF REQUEST:	ГКОІVІ							
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*	Dep	partment Director						
Line Item Transfer Within Department & Fund Project Transfer Within Department & Fund Additional Appropriation of Funds * Line Item Transfer Between Departments*	TYPE OF REQUEST:							
Line Item Transfer Between Departments* *Resolution by the Board of Commissioners Resolution # Date ACCOUNT DESCRIPTION Fund - Days - Studenty - Div - Act - Studenty SUBPROJECT AMOUNT V(As it appears in the budget) xx - xxxx - xxxx - xxxx - xxx - xxx SUBPROJECT Whole Dollars Only Donations: Medical Care 010-02-4380-0000-415001-Medcl [2,736.0] [2,736.0] Other Medical Supplies 010-02-4380-0000-520004 2,736.0] [2,736.0] JUSTIFICATION FOR REQUEST: Other medical supplies. [2,736.0] [2,736.0] APPROVAL SIGNATURES:	Line Item Transfer Within Department & Fund Line Item Transfer Between Funds *							
Resolution # Date ACCOUNT DESCRIPTION Fund - Dept - Suddept - Div - Acct - Subsect SUBPROJECT AMOUNT Vhole Dollars Only xx - xxxx - xxx - xxx xxxxx - xxx xxxxx - xxxx (See Note Below) Donations: Medical Care 010-02-4380-0000-415001-Medcl [2,736.0] Other Medical Supplies 010-02-4380-0000-520004 2,736. JUSTIFICATION FOR REQUEST: Other medical supplies. 010-02-4380-0000-520004 2,736.0 JUSTIFICATION FOR REQUEST: Other medical supplies. Other medical supplies. Date	Project Transfe	er Within Department	A X	dditional Appropriation of F	unds *			
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ACCOUNT DESCRIPTION (As it appears in the budget) Fund - Dept - Subdeqt - Div - Acct - Subsect SUBPROJECT Whole Dollars Only (See Note Below) Donations: Medical Care Other Medical Supplies 010-02-4380-0000-415001-Medcl 010-02-4380-0000-520004 [2,736.0] JUSTIFICATION FOR REQUEST: Other medical donations accepted and appropriated to other medical supplies. JUSTIFICATION FOR REQUEST: Other medical donations accepted and appropriated to other medical supplies. APPROVAL SIGNATURES: Interim Financial Services Director Date Assistant Finance Director Date			Resolutio	on # Date				
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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			010-02-4380-0000-4150	010-02-4380-0000-415001-Medcl		[2,736.00]		
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	Other Medical Supplies		010-02-4380-0000-520004			2,736.00		
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Assistant Finance Director Date	APPROVAL SIGNA	IURES:						
	County Manager/Assistant County Manager Date I			Interim Fina	ancial Services Director	Date		
				Assistant F	inance Director	Date		
Note: Decreases in expenditures & increases in revenue accounts require brackets. Increases in expenditures & decreases revenue do not require brackets. Please note that transfers between funds require interfund transfer accounts.	Note: Decreases in e	expenditures & inc	creases in revenue account	ts require bra	ckets. Increases in ex	penditures & decreases in		