GASTON COUNTY BUDGET CHANGE REQUEST						
TO:	Dr. Kim S. Eagle			_COUNTY MANAGER		
FROM:	4315	Sh	eriff's Office			
	Dept. #	Depa	artment Name			
	Sheriff Alan Cloninger		4/13/2020 e Date			
	Department Director's Name					
TYPE OF REQUE	EST:					
Line Item Transfer Within Department & Fund					Line Item Transfer Betw	veen 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>						
				ACCOUNT N	NUMBER	AMOUNT
ACCOUNT DESCRIPTION			Fund - Function - Dept - Division - Object - Project		Whole Dollars Only	
(As it appears in the budget)			XXX - XX	XXX - XX - XXXX - XXXX - XXXXX - XXXXXX		(See Note Below)
FUND BALANC	FUND BALANCE APPROPRIATED			010-99-9900-0000-490000		{12,240}
INMATES HOU	SED OUT OF COUN	ITY 0	010-02-4315-43	323-530015	5-18126	12,240
JUSTIFICATION		arv and M	arch 2020 exc	eeded oper	ational capacity. As	a result, inmates were

shipped to Cherokee County. Inmates were housed between 1-16 days. The total cost for February is \$6,280 and \$5,960 for March. The population decreased significantly in mid-March which allowed all inmates to be brought back March 15th. The Sheriff's Office does not have funds allocated for this expense. The jail expansion is expected to be online FY 20.

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.