	GAS	STON CO	OUNTY BUDO	BET CHANGE REQI	UEST	
TO:	Dr. Kim S. Eagle		COUNTY MANAGER			
	4000		GCPD-ACE	_		
FROM:	Dept. #		partment Name			
	•		paramont ramo	4/6/20		
	Joseph Ramey Department Director's Name			Date		
				Date		
TYPE OF REQUE	EST:					
Line Item	Transfer Within Depart	ment & Fun	d	Line Item Trans	sfer Between F	unds *
Project Tr	ransfer Within Departm	ent & Fund		X Additional App	ropriation of Fu	unds *
Line Item Transfer Between Departments*				* Requires resolu	ution by the Bo	ard of Commissioners
			P	ACCOUNT NUMBER		AMOUNT
ACCOUNT DESCRIPTION			Fund - Function - Dept - Division - Object - Project		ct	Whole Dollars Only
(As it appears in the budget)			XXX - XX - XXXX - XXXX - XXXXX - XXXXXX		x	(See Note Below)
Donations-Medical Care			010-02-4380-0000-415001-Medcl		[5,670.00]	
Medical Care-			010-02-4380-0000-530015-Medcl		5,670.00	
JUSTIFICATION Money received		arked by	donor for the me	dical care of shelter anin	nals are requ	uired to be transferred
Money received in donations earmarked by donor for the medical care of shelter animals are required to be transferred from the revenue fund to the expenditure fund. GCACE would like the donations a total of \$5,670.00 (100%) to be						
appropriated to the current fiscal year 19-20 into the Medical Care account (010-02-4380-0000-520004-Medcl) to						
provide medical care for the animals in the care of Gaston County Animal Care and Enforcement-Animal shelter.						
Note: Decreases	in evnenditures 9	ncreases	in revenue accoun	nte require brackete Unor	asses in syr	penditures & decreases in
				en funds require interfund to		