GASTON COUNTY BUDGET CHANGE REQUEST					
TO:	Dr. Kim S. Eagle	COUNTY	MANAGER		
FROM:	4330 Emergency N	lanagement/Fire Services			
TROW.		partment Name			
	Kevin Gordon	07/09/2020			
	Department Director's Name	e Date			
TYPE OF REQUE	EST:				
Line Item	Transfer Within Department & Fun	d	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 Commission</u>				oard of Commissioners	
	<u> </u>	ACCOUNT N	IUMBER	AMOUNT	
ACCOL	JNT DESCRIPTION	Fund - Function - Dept - Division - Object - Project		Whole Dollars Only	
(As it appears in the budget)		xxx - xx - xxxx - xxxx	xxx - xx - xxxx - xxxx - xxxxx - xxxxxx		
Fund Balance Appropriated		028-99-9900-0000-490000	28-99-9900-0000-490000		
[•] Additional Subsidies (A/S) Spencer Mountain		028-02-4413-0000-570007-		26,919	
	FOR REQUEST: am officially requesting Ove d VFD. We intend to use the				

you need any further information feel free to contact me. David Flanary

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.