	GASTON C	OUNTY BUDGET CHA	NGE REQUEST	
TO:	Dr. Kim S. Eagle	COUNTY	MANAGER	
FROM:				
FROW.		partment Name		
	Kevin Gordon 09-2020			
	Department Director's Name	e Date		
TYPE OF REQUE	EST:			
Line Item Transfer Within Department & Fund  Line Item Transfer Between Funds *				
Project Tr	ransfer Within Department & Fund	х	Additional Appropriation of F	runds *
Line Item Transfer Between Departments*			* Requires resolution by the B	oard of Commissioners
		ACCOUNT N	UMBER	AMOUNT
ACCOUNT DESCRIPTION		Fund - Function - Dept - Divis	sion - Object - Project	Whole Dollars Only
(As it appears in the budget)		XXX - XX - XXXX - XXXX	- XXXXX - XXXXXX	(See Note Below)
Fund Balance Appropriated		028-99-9900-0000-490000		(5,328)
*Additional Subsidies				
Lowell		028-02-4420-0000-570007-		5,328
JUSTIFICATION				_
	irectors has approved Lowel		=	
to assist with offsetting deficits incurred by the most recent budget approval of the Commissioners and be spent on station maintenance and staffing.				
	, and the second			
Note: Decreases				