GASTON COUNTY BUDGET CHANGE REQUEST				
TO:	Dr. Kim S. Eagle	COUNTY MANAGER		
EDOM:	-	ocial Services Division		
FROIVI.		Department Name		
	Angela Karchmer 10/8			
	Department Director's Name	e Date		
TYPE OF REQUE	EST:			
Line Item Transfer Within Department & Fund  Line Item Transfer Be				Funds *
Project Transfer Within Department & Fund  X Additional Appropriation of Funds *				
Line Item Transfer Between Departments*  * Requires resolution by the Board of Commissioners				
		ACCOUNT N	IUMBER	AMOUNT
ACCOUNT DESCRIPTION		Fund - Function - Dept - Divi	sion - Object - Project	Whole Dollars Only
(As it appears in the budget)		xxx - xx - xxxx - xxxx	- xxxxx - xxxxxx	(See Note Below)
Employee Activities:Donations Adult Services: Donations Nutrition: Donations		020-05-4790-0000-415001-18142 020-05-5600-0000-415001- 020-05-5622-0000-415003-		(2,012) (973) (601)
Employee Activities Donations Special Programs:Donations- Adult Serv Special Programs:Donations- Nutrition		020-05-4790-0000-560000-18142 020-05-5600-0000-560000-08159 020-05-5600-0000-560000-15259		2,012 973 601
Department of H	FOR REQUEST: quarter of FY2020-2021, Ga Health and Human Services ocial Services Budget in ord	- Social Services Division.	The funding must be app	
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.				