GASTON COUNTY BUDGET CHANGE REQUEST						
TO:	TO: <u>Dr. Kim S. Eagle</u>		COUNTY MANAGER			
10.						
FROM: _	4921	Travel & Tou		<u>-</u>		
	Dept. #	Department N	Name			
_	Michael Applegate	· · · · · · · · · · · · · · · · · · ·	10/14/2020	_		
I	Department Director	's Name	Date			
TYPE OF REQUE	ST:					
Line Item	Fransfer Within Departme	ent & Fund	X	Line Item Transfer Between I	Funds *	
Project Tra	ansfer Within Department	t & Fund	Х	Additional Appropriation of Funds *		
Line Item	Fransfer Between Depart	ments*	* Requires resolution by the Board of Commissioners			
			ACCOUNT I	NUMBER	AMOUNT	
ACCOU	NT DESCRIPTION	F	Fund - Function - Dept - Division - Object - Project		Whole Dollars Only	
	pears in the budget)	x	xxx - xx - xxxx - xxxx - xxxxx - xxxxxx		(See Note Below)	
NC Tourism Pror			022-07-4921-0000-420001-21566		(\$10,000)	
Advertising: NC			022-07-4921-0000-520015-21566		\$10,000	
3						
which was receive Fund/Additions &	appropriate \$10,000 red from the NC Tou Revisions). Then for the Revisions Then for the Revisions (00-520015-21566) the Revision (00-520015-21566) the Revision (00-520015-21566) the Revision (00-520015-21566) the Revision (00-520015-215666) the Revision (00-520015-21566) the Revision (00-520015-215666) the Revision (rism Promotion G unds of \$10,000 to	rant as a part of be placed in the	e Account (022-07-4921-0 House Bill 1023 (Corona e NC Tourism Promotion vertsing/marketing) effort	virus Relief Grant Project Account	

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.