	GASTON C	OUNTY BUDGET CHA	NGE REQUEST	
TO:	Dr. Kim S. Eagle	Dr. Kim S. Eagle COUNTY		
FDOM	-	ocial Services Division)		
FROM:		partment Name		
	Angela Karchmer 1/12/2021			
Department Director's Name				
	Bopartmont Biroctor o Ham	o Bato		
TYPE OF REQUE	ST:			
Line Item Transfer Within Department & Fund  Line Item Transfer Between Funds *				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 Adult Daycare		020-05-4790-0000-415001-18142 020-05-5600-0000-415001- 020-05-5622-0000-415003- 020-05-5650-0000-415001-		(2,388) (1,895) (4,049) (19)
Employee Activities Donations Special Programs:Donations- Adult Serv Special Programs:Donations- Nutrition Adult Daycare		020-05-4790-0000-560000-18142 020-05-5600-0000-560000-08159 020-05-5600-0000-560000-15259 020-05-5600-0000-560000-15260		2,388 1,895 4,049 19
Department of H	nd quarter of FY2020-2021, Health and Human Services	Gaston County citizens and Social Services Division. The services Division. The services described by the services as intended by the services are services.	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.				