GASTON COUNTY BUDGET CHANGE REQUEST					
TO:	Dr. Kim S. Eagle	COUNTY	MANAGER		
FROM:	Dept. # De	partment Name			
	Бері. #	partinent Name			
•	Department Director's Name	e Date			
TYPE OF REQUE	ST:				
Line Item Transfer Within Department & Fundament		d	Line Item Transfer Between Funds *		
Project Transfer Within Department & Fund			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 - Div	Fund - Function - Dept - Division - Object - Project		
(As it appears in the budget)		xxx - xx - xxxx - xxxx	XXX - XX - XXXX - XXXX - XXXXX		
JUSTIFICATION F	FOR REQUEST:				
	in expenditures & increases in expenditures & increases in expenditures are the				