



## Budget Adjustment Authorization

**Submittal Date \***

10/20/2022

**For Fiscal Years \***

2022-2023

**Contact First Name \***

Whitney

**Contact Last Name \***

Cox

**Department \***

Sheriff

**Department/Org #**

04000

**Department Head Name \***

Tyson Pogue

**Will this Budget Adjustment be Board Approved? \***

☒ Yes

☐ No

**Draft Board Letter**

**If Board Approved, indicate the target Board date: \***

11/8/2022

**Please Select \***

☐ Transfer of Appropriations ☒ Receipt of Unanticipated Revenue

**Please select the document type(s) from the check boxes above. Your selection will remove unneeded fields from the form. Transfer of Appropriations Transfer From.**

**Receipt of Unanticipated Revenue**

**Fund Name \***

General Fund

**Fund # \***

0100

**Appropriations**

<b>Org # *</b>	<b>Org Description *</b>	<b>Account # *</b>	<b>Account Description *</b>	<b>Amount *</b>
04610	DOC-Admin	740301	Equipment	36,300

**Total**

\$ 36,300.00

**Revenues**

Org #*	Org Description*	Account #*	Account Description*	Amount*
04610	DOC-Admin	680200	Operating Transfer in	36,300

**Total**

\$ 36,300.00

**Totals in Appropriations and Revenues must match**

**Unanticipated Revenue is Derived from\***

Expansion of Jail Fencing allowable expense per California Govt Code § 29551

(Describe the Revenue Source, Grant Name, Legislation, etc.)

**Section****Name\***

Whitney Cox

**Title\***

Fiscal Manager

**Auditor to Complete**

**TO AUDITOR-CONTROLLER:** This request is deemed necessary by this department. Please report as to the accounting and available balances and forward to the Administrative Officer for his recommendation or action.

**Approved as to Availability of Funds:\***

☒ Yes ☐ No

**Auditor Controller's #\***

22-038

**Signature**

*Elizabeth Cruz*

**Auditor Name\***

Elizabeth Cruz

**Date\***

10/21/2022

The County Auditor-Controller is authorized to make such budgetary adjustments as will carry out the intent and purpose of this budget adjustment.

**Administrative Officer to Complete****Administrative Officer's Report\***

County Administration has reviewed this request, and it is recommended for approval.

**Please Select\***

☒ Recommended   ☐ Approve as Requested   ☐ Approve as Revised

**Signature\***

*Jessica Leon*

**Admin Officer Name\***

Jessica Leon

**Date\***

10/21/2022

**Attached for Board Approval**

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☒ Completed