



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 *

County Local Rev Fund AbB118

Fund # *

6133

Appropriations

Org # *	Org Description *	Account # *	Account Description *	Amount *
61338	County Local Revenue Fund AB118	750100	OP Trans Out - GEN FD	36,300

Total

\$ 36,300.00

Revenues

Org #*	Org Description*	Account #*	Account Description*	Amount*
61338	County Local Revenue Fund AB118	661501	Booking Fees	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 #*

22-037

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

*

☒ Completed