



## Budget Adjustment Authorization

Submittal Date \*

12/6/2022

For Fiscal Years \*

2022-2023

Contact First Name \*

Whitney

Contact Last Name \*

Cox

Department \*

Sheriff

Department/Org #

04010

Department Head Name \*

Tyson Pogue

Will this Budget Adjustment be Board Approved? \*

☒ Yes

☐ No

Draft Board Letter

Upload

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

1/3/2023

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

Org # \*

04010

Org Description \*

Sheriff-Coroner

Account # \*

721900

Account Description \*

Special Departmental

Amount \*

33,548

[Add](#)

Total

\$ 33,548.00

### Revenues

Org # \*

04010

Org Description \*

Sheriff-Coroner

Account # \*

673000

Account Description \*

MISC Revenue

Amount \*

33,548

[Add](#)

Total

\$ 33,548.00

**Totals in Appropriations and Revenues must match**

**Unanticipated Revenue is Derived from \***

Donation from Sheriff's Foundation

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

## Section

**Name \***

Whitney L 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 # \***

22-081

**Signature**

*David E. Richstone*

**Auditor Name \***

David Richstone

**Date \***

12/11/2022

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 \***

12/12/2022

## Attached for Board Approval

\*

☐ Completed