



Budget Adjustment Authorization

Submittal Date *

12/20/2022

For Fiscal Years *

2022-2023

Contact First Name *

Ambar

Contact Last Name *

Mojica

Department *

CAO

Department/Org #

01311

Department Head Name *

Anthony Loza

Will this Budget Adjustment be Board Approved? *

☐ Yes

☐ No

Draft Board Letter

Upload

Board Letter - Fleet RUR - Surplus .docx

20.11KB

If Board Approved, indicate the target Board date: *

1/10/2023

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 *

Central Garage/Fleet Fund

Fund # *

0108

Appropriations

Org # *

Org Description *

Account # *

Account Description *

Amount *

10800

Central Garage/Fleet ISF

721400

Prof & Specialized Svcs

27,303

[Add](#)

Total

\$ 27,303.00

Revenues

Org # *

Org Description *

Account # *

Account Description *

Amount *

10800

Prof. Specialized Svcs

680103

Sale of Equipment

27,303

[Add](#)

Total

\$ 27,303.00

Totals in Appropriations and Revenues must match

Unanticipated Revenue is Derived from *

Revenues received are for the sale of surplus vehicles and equipment.

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

Section

Name *

Ambar Mojica

Title *

Senior Administrative Analyst

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 # *

22-091

Signature

David E. Richstone

Auditor Name *

David Richstone

Date *

12/22/2022

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 *

12/22/2022

Attached for Board Approval

*

☐ Completed