

Budget Adjustment Authorization

Submittal Date *					
12/12/2022					
For Fiscal Years *		Contact First Name *		Contact Last Name *	
2022-2023	~	Krista		Riggs	
Department *		Department/Org #		Department Head Name *	
Library	~	09110	~	Krista Riggs	
Will this Budget Adjustment	be Board	d Approved? *			
● Yes ○ No					
Draft Board Letter					
Upload					
If Board Approved, indicate	the targe	t 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*	Fund #*
General Fund	0100

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AU	DIDL	лац	ions
· • • •	P ' V r		

Org #*	Org Description *	Account #*	Account Description*	Amount*
09110	Library Administration	721900	Special Department Expense	7,128
Add				
Tatal				
Total				
\$ 7,128.00				
Revenue	S			
Org #*	Org Description *	Account #*	Account Description *	Amount*
09110	Library Administration	659000	Other - Government Agency	7,128

Total

\$ 7,128.00

Totals in Appropriations and Revenues must match

Unanticipated Revenue is Derived from *

MCL applied again this year for the Zip Books grant through the California State Library, which allows patrons to request books that the library doesn't own through Amazon. The books are delivered directly to the patrons' homes, and then returned to their local library to be added to the collection. The program increases access to materials while also helping

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

Section

Name*		Title *	
Krista Riggs		Library Director	

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

Signature

David E. Richstone

Date *

12/20/2022

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*

Signature *

Tessica Leon

Admin Officer Name *

Auditor Controller's #*

22-087

Auditor Name*

Jessica Leon

Date *

12/21/2022

Attached for Board Approval

*

Completed