



Budget Adjustment Authorization

Submittal Date *

11/18/2022

For Fiscal Years *

2022-2023

Contact First Name *

Krista

Contact Last Name *

Riggs

Department *

Library

Department/Org #

09110

Department Head Name *

Krista Riggs

Will this Budget Adjustment be Board Approved? *

☒ Yes

☐ No

Draft Board Letter

Upload

If Board Approved, indicate the target Board date: *

12/13/2022

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

Org # *

09110

Org Description *

Library Administration

Account # *

721900

Account Description *

Special Department Expense

Amount *

1,299

[Add](#)

Total

\$ 1,299.00

Revenues

Org # *

09110

Org Description *

Library Administration

Account # *

659000

Account Description *

Other - Government Agency

Amount *

1,299

[Add](#)

Total

\$ 1,299.00

Totals in Appropriations and Revenues must match

Unanticipated Revenue is Derived from *

Reimbursement from CALIFA for the Community Connections Grant - LibCal Subscription

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

Section

Name *

Krista Riggs

Title *

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

Auditor Controller's # *

22-067

Signature

Elizabeth Cruz

Auditor Name *

Elizabeth Cruz

Date *

11/21/2022

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 *

11/28/2022

Attached for Board Approval

*

☐ Completed