SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

Executive Summary

Reference No: 912500YE01 — **For Fiscal Year:** *2018*

Requesting Organization: 91250000 SHERIFF COURT SVC — **Date of Request:** 13-Nov-18

Budget Adjust Type(s): Appropriation Unit Shift — **Ongoing (Y or N):** N

If Yes, next year's CF impact: $0

Net FTE Change: 0.00

Description and Justification:

Copy Machine: The Public Safety Bureau is requesting a shift of funds from Operations to Capital to purchase a replacement copy machine.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND	
FUND:	110 GENERAL FUND
Fund Impact (Budgetary)	$0
Fund Impact (Transfers)	$0
TOTAL FUND IMPACT	$0

SUMMARY OF CNTY FUNDING IMPACT BY DEPT				
DEPT	REVENUE	EXPENSE	BAL SHEET	CNTY FUNDING
TOTALS	0	0	0	0

Approvals

Division Director: _____ **Date:** _____

Dept. or Elected Fiscal Mgr: Carrie Hollenbeck **Date:** 11/13/18

Dept. Dir. or Elected Official: Rosie Rivera **Date:** 11/13/18

Facilities Division Director: _____ **Date:** _____
(Capital Projects Only)

Chief Financial Officer: Jeremy J. Delta (For Dawn Casper) **Date:** 11/14/18
Approve

Mayor or Designee: Ellen Ratner **Date:** 11/14/18
Approve

Council Action: _____ **Date:** _____
Approve

Budget Adjustment Detail

Budget Year: 2018 * **Requesting Department:** 91250000 SHERIFF COURT SVCS AND SECURITY

Budget Period: Post June Year-End * **Req Item No:** 912500YE01 * **Adjustment Title:** Copy Machine

Adjustment Type(s): Appropriation Unit Shift

Expense Budget String(s):

FUND	SUB-DEPT ID		EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
110	9125001400		615035	GY001		(7.000)
110	9125001400		679005 OFFICE FURN EQ	GY001		7.000

TOTAL EXPENDITURES Page 1: $0

TOTAL EXPENDITURES ALL PAGES: $0

Revenue Budget String(s):

FUND	SUB-DEPT ID		REVENUE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT

TOTAL REVENUES Page 1: $0

TOTAL REVENUES ALL PAGES: $0

Balance Sheet/Fund Unrestriction String(s): ☐ Bal sheet strings only required for Proprietary Fund adjustments or fund unrestrictions; check if applicable.

FUND	SUB-DEPT ID		BAL. SHEET ACCOUNT	AMOUNT
			BAL_SHT or 499999	
			BAL_SHT or 499999	
			BAL_SHT or 499999	

TOTAL BALANCE SHEET CHANGE: $0

* **Ongoing (Y or N):** N

If Yes, next year's CF Impact: $0

No. of New FTEs: 0.00 *(2)*

No. of New Time Limited FTEs: 0.00 *(2)*

No. of Transferred FTEs: 0.00 *(2)*

No. of Abolished FTEs: 0.00 *(2)*

Fund Balance Transfers:

From Fund	From Dept ID	To Fund	To Dept ID	Amount

Description and justification: (Attach additional pages as needed.)*

The Public Safety Bureau is requesting a shift of funds from Operations to Capital to purchase a replacement copy machine.

(1) If the request is for a grant, include the dates the grant will expire and what obligations are required of the County after the grant expires.