

## SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

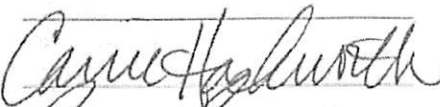

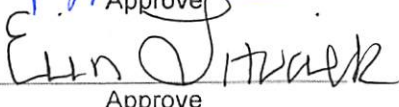
Executive Summary	
<b>Reference No:</b> 912500YE01 <b>Requesting Organization:</b> 91250000 SHERIFF COURT SVC <b>Budget Adjust Type(s):</b> Appropriation Unit Shift	<b>For Fiscal Year:</b> 2018 <b>Date of Request:</b> 13-Nov-18 <b>Ongoing (Y or N):</b> N <b>If Yes, next year's CF impact:</b> \$0 <b>Net FTE Change:</b> 0.00
<b>Description and Justification:</b> 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	
<b>FUND:</b>	<b>110 GENERAL FUND</b>
Fund Impact (Budgetary)	\$0
Fund Impact (Transfers)	\$0
<b>TOTAL FUND IMPACT</b>	<b>\$0</b>

SUMMARY OF CNTY FUNDING IMPACT BY DEPT				
<b>DEPT</b>	<b>REVENUE</b>	<b>EXPENSE</b>	<b>BAL SHEET</b>	<b>CNTY FUNDING</b>
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Approvals

Division Director:	Date: _____
Dept. or Elected Fiscal Mgr: 	Date: 11/13/18
Dept. Dir. or Elected Official: 	Date: 11/13/18
Facilities Division Director: (Capital Projects Only)	Date: _____
Chief Financial Officer: 	Date: 11/14/18
Mayor or Designee: 	Date: 11/14/18
Council Action: _____	Date: _____

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

Budget Period: Post June Year-End \* Req Item No: 012500YE01 \* Adjustment Title: Copy Machine

Adjustment Type(s):	Appropriation Unit Shift		
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**Expense Budget String(s):**

[illegible]

TOTAL EXPENDITURES Page 1:	\$0
TOTAL EXPENDITURES ALL PAGES:	\$0

**Revenue Budget String(s):**[illegible]

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 unrestricted; check if applicable.

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

<b>TOTAL BALANCE SHEET CHANGE:</b>	<b>\$0</b>
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\* 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.**