

**BUDGET APPROPRIATION INCREASE REQUEST**

DEPARTMENT NAME

Sheriff/County DNA

Auditor Number

B-70

Date:

5/14/2026

I am requesting an increase to my budget appropriates as listed below:

Check one

☒

"Previous Year Revenue"

☐

"New Revenue"

Funding Source

County DNA monies held in 529-301900 for one (1) year maintenance and support service agreement on LiveScan Machines

\*\*\*Note

**General Fund and Public Safety "MUST" use Contingency when increasing budget**

| Increase Revenue Budget |                   |                   |              | Increase Expenditure Budget |                   |                          |              |
|-------------------------|-------------------|-------------------|--------------|-----------------------------|-------------------|--------------------------|--------------|
| FUND<br>DEPT NO         | ACCOUNT<br>NUMBER | ACCOUNT<br>NAME   | AMOUNT       | FUND<br>DEPT NO             | ACCOUNT<br>NUMBER | ACCOUNT<br>NAME          | AMOUNT       |
| 2027                    | 430210            | Other Court Fines | \$ 4,378.00  | 2002                        | 59000             | Contingency              | \$ 8,918.00  |
| 2032                    | 430210            | Other Court Fines | \$ 4,540.00  | 2027                        | 53170             | Maintenance of Equipment | \$ 4,378.00  |
| 2002                    | 59000             | Contingency       | \$ 8,918.00  | 2032                        | 53170             | Maintenance of Equipment | \$ 4,540.00  |
| Total Journal           |                   |                   | \$ 17,836.00 | Total Journal               |                   |                          | \$ 17,836.00 |

TRANSFER APPROVED

Ana Jamacona

5/14/2026

AUDITOR

DATE

SIGNATURE OF REQUESTING OFFICIAL

DATE

5.14.2026

BOARD OF SUPERVISORS

DATE

A-117

07/2018