

BUDGET APPROPRIATION INCREASE REQUEST

DEPARTMENT NAME Environmental Health - Enforcement Assistance

Auditor Number B-53

Date: April 7, 2025

I am requesting an increase or decrease to my budget appropriations as listed below:

Check one ☒ "Previous Year Revenue"☐ "New Revenue"

Funding Source Strategic Priorities - 101- 301370

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

Increase Revenue Budget				Increase Expenditure Budget			
FUND DEPT NO	ACCOUNT NUMBER	ACCOUNT NAME	AMOUNT	FUND DEPT NO	ACCOUNT NUMBER	ACCOUNT NAME	AMOUNT
1012	597205	Operating Transfer Out	\$ 25,000.00	1109	59000	Contingency	\$ 25,000.00
1109	59000	Contingency	\$ 25,000.00	70110	471220	Operating Transfer In	\$ 25,000.00
Total Journal			\$ 50,000.00	Total Journal			\$ 50,000.00

INCREASE / (DECREASE) APPROVED

SIGNATURE OF REQUESTING OFFICIAL

DATE

Ana Zamacona

4/9/2025

AUDITOR

DATE

BOARD OF SUPERVISORS DATE