

BUDGET APPROPRIATION INCREASE REQUESTDEPARTMENT NAME State COVID Relief/JailAuditor Number B-52Date: 4/9/2025

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

Check one ☒ "Previous Year Revenue" ☐ "New Revenue"**Funding Source**

State COVID Relief funds from held in account 106-301166 for a five (5) year system service agreement and servicing that is needed currently for the inmate whole body scanner located at the jail.

*****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
106 2002	301900 59000	Public Safety Contingency	\$ 58,095.00 \$ 58,095.00	2002 2032	59000 53170	Contingency Maintenance of Equipment	\$ 58,095.00 \$ 58,095.00
Total Journal			\$ 116,190.00	Total Journal			\$ 116,190.00

TRANSFER APPROVED


3.27.2025
 SIGNATURE OF REQUESTING OFFICIAL DATE
*Ana Zamacona*4/9/2025

AUDITOR

DATE

BOARD OF SUPERVISORS DATE