

**BUDGET APPROPRIATION INCREASE REQUEST**

Auditor Number B-4

DEPARTMENT NAME AB443/Sheriff

Date: \_\_\_\_\_

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

Check one  "Previous Year Revenue"  "New Revenue"

Funding Source AB443 funds held in account 106-301163 for the additional cost of the Mobile Morgue Trailer.

**\*\*\*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	301900	Public Safety	\$ 32,256.88	2002	59000	Contingency	\$ 32,256.88
2002	59000	Contingency	\$ 32,256.88	2027	57600	Equipment	\$ 32,256.88
Total Journal			\$ 64,513.76	Total Journal			\$ 64,513.76

TRANSFER APPROVED

JG 10/17/24  
SIGNATURE OF REQUESTING OFFICIAL DATE

Ana Zamaccena 10/25/2024  
AUDITOR DATE

\_\_\_\_\_  
BOARD OF SUPERVISORS DATE