

26-047

APPROPRIATION ADJUSTMENT REQUEST

2. Department Name

Non-Departmental Revenues/GF

Department Name (if applicable)

3. Date

1-19-06

4. REQUEST ADJUSTMENT OF APPROPRIATION AS LISTED BELOW

	FUND#	INDEX#	ACCOUNT	ACCOUNT TITLE	AMOUNT
SOURCE OF FINANCING	001A	5980000	79790100	Contingency	\$ 206,843
USE OF FINANCING	001A	5705701	20259100	Other Prof Svcs	\$ 206,843

5. JUSTIFICATION (Attach Memo if Necessary)

See attached Board memo.

Department Head

Geoff Davey

Department Head (if applicable)

By:

Geoff Davey

Date

1/19/06

By:

Date

6. ACTION

- Dept. Head Approval(s) only required
- Board Action Required
- Four-Fifths Vote Required

Auditor-Controller

By:

Cynthia R. Be...

Date

1/20/06

County Executive

7. APPROVAL

- Approve
- Disapprove

By:

Geoff Davey

Date

1/19/06

8. RESOLUTION

On a motion by Supervisor _____, seconded by Supervisor _____ the foregoing resolution was passed and adopted by the BOARD OF SUPERVISORS of the County of Sacramento, State of California, this _____ day of _____ 19__ by the following vote, to wit:

- AYES: Supervisors,**
- NOES: Supervisors,**
- ABSENT: Supervisors,**

Resolution Number _____

CHAIR OF THE BOARD OF SUPERVISORS OF SACRAMENTO COUNTY CALIFORNIA

(SEAL)

ATTEST:

CLERK OF THE BOARD OF SUPERVISORS

Distribution (Board of Supervisor Approved)

White - Board of Supervisors
Blue - Department Approved Copy
Green - County Executive File Copy

Yellow - Auditor-Controller Approved Copy
Pink - Auditor-Controller Control Copy
Goldenrod - Department Control Copy