

27-039

APPROPRIATION ADJUSTMENT REQUEST

2. Department Name

Conflict Criminal Defenders

Department Name (if applicable)

3. Date

4. REQUEST ADJUSTMENT OF APPROPRIATION AS LISTED BELOW

	FUND#	INDEX#	ACCOUNT	ACCOUNT TITLE	AMOUNT
SOURCE OF FINANCING	001A	5980000	79790100	Contingency	1,546,410
USE OF FINANCING	001A	5515518000/2025	3100	LEGAL SERVICES	1,546,410

5. JUSTIFICATION (Attach Memo if Necessary)

Increase appropriations for legal services due to rate increase approved by the Board in November 2006 from Contingencies

Department Head

FERN LAETHEM

Department Head (if applicable)

By:

[Signature]

Date

11/17/07

By:

Date

6. ACTION

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

Auditor-Controller

By:

[Signature]

Date

11/17/07

County Executive

7. APPROVAL

- Approve
- Disapprove

By:

[Signature]

Date

11/17/07

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 _____

(SEAL)

ATTEST:

 CLERK OF THE BOARD OF SUPERVISORS

 CHAIR OF THE BOARD OF SUPERVISORS OF SACRAMENTO COUNTY CALIFORNIA