



County Of Fresno

Request for Adjustment or Additional Appropriation – BOS

Department: Social Services

Date: April 23, 2024

Oscar J. Garcia, CPA, Auditor-Controller/Treasurer-Tax Collector:

Please report as to proper accounting form and available balances and forward to County Administrative Officer for recommendation.

Budget Transfer Number:

Total of all pages:

14

\$128,400.00

| Transfer FROM Account Title | Required | Required | Required | Required | Required | Required | Required |
|--|----------------------|-------------------|-----------------------|----------------------|-----------------------|----------------|-----------------------------|
| | Account (4 Char.) | Fund (4 Char.) | Org (4 or 8 Char.) | Program (5 Char.) | Subclass (5 Char.) | Budget Year | Amount Debit or (Credit) |
| Support and Care of Persons | 7870 | 0001 | 56107001 | 0 | 10000 | 2024 | (\$128,400.00) |
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| Transfer TO Account Title | | | | | | | |
| Equipment | 8300 | 0001 | 56107001 | 91944 | 10000 | 2024 | \$15,500.00 |
| Equipment | 8300 | 0001 | 56107001 | 91945 | 10000 | 2024 | \$29,000.00 |
| Equipment | 8300 | 0001 | 56107001 | 91946 | 10000 | 2024 | \$9,400.00 |
| Equipment | 8300 | 0001 | 56107001 | 91947 | 10000 | 2024 | \$9,400.00 |
| Equipment | 8300 | 0001 | 56107001 | 91948 | 10000 | 2024 | \$40,000.00 |
| Equipment | 8300 | 0001 | 56107001 | 91865 | 10000 | 2024 | \$25,100.00 |

Reason for Adjustment:

Per Auditor direction Equipment that costs over \$5,000 each must be capitalized under Management Directive 410 and charged to account 8300, the transfer will assure we have budgeted appropriations in the appropriate account.

Board of Supervisors: Approved: Disapproved:

Referred to: _____

Clerk of the Board By: Hana M. Deputy [Sign] Double click!