

County Of Fresno Request for Adjustment or Additional Appropriation – BOS

Department: Social Services					Date: May 12, 2020			
Oscar J. Garcia, CPA, Auditor-Co Please report as to proper account	ontroller/Trea ing form and a	i surer-Tax available ba	Collector: alances and forwa	ard to County /	Administrative	e Officer for re	ecommendation.	
	B	Budget Transfer Number: 14				Total of all pages: \$405,000.00		
Transfer FROM	Required	Required	Required	Required	Required	Required	Required	
Account Title	Account (4 Char.)	Fund (4 Char.)	Org (4 or 8 Char.)	Program (5 Char.)	Subclass (5 Char.)	Budget Year	Amount Debit or (Credit)	
Data Processing Services	7296	0001	56107001	0	10000	2020	(\$405,000.00)	
Transfer <u>TO</u> Account Title	8300	0001	56107001	91607	10000	2020	\$405,000.00	
Equipment	0300	0001	30107001	31007	10000	2020	φ+00,000.00	
Reason for Adjustment: Per Auditor direction Equiporative 410 and charged appropriate account.								
Board of Supervisors: Approved:	Disapprov	red: 🗌						
Referred to:		V	٠ ٨				0: 3	
Clerk of	the Board By	/:_ <u>`</u>	se Cuy	+ Def	uly	[⊠	Sign] Double click!	