



Dept 2220 - Probation

Request for Transfer of Budget Allotments or Funds

To the Honorable Board of Supervisors:

I hereby request your approval of the following transfer of Departmental Budget allotments or funds.

Fiscal Year ending 19/20

I. Fund	II. Org	III. Account	IV. Expense Category	V. Approved Budget Amount	VI. Amount of Change + or -	VII. Total Budget Amount after Modification
001	2220	7001	Reg. Salaries & Wages	264,468.00	25,100.00	289,568.00
001	2220	7002	Extra Help	5,000.00	15,000.00	20,000.00
001	2220	7010	Standby/On Call	-	3,080.00	3,080.00
001	2220	7031	Retirement	26,943.00	3,000.00	29,943.00
001	2220	7032	Social Security	20,920.00	4,000.00	24,920.00
001	2220	7033	Insurance	43,988.00	2,000.00	45,988.00
001	2220	7034	Unemployment	952.00	476.00	1,428.00
001	2220	7212	Rent & Leases	12,252.00	2,947.00	15,199.00
001	2220	7260	Utilities	5,000.00	3,000.00	8,000.00
001	2220	7529	Interfund Exp to OPS	-	100.00	100.00
001	2220	7180	Professional & Specialized	12,000.00	1,500.00	13,500.00
001	2220	4690	State Aid Other		74,656.00	74,656.00
001	2220	5429	Interfund Xfr OPS	323,276.00	(14,453.00)	308,823.00
				714,799.00	120,406.00	835,205.00

Reason for Transfer

Need to increase expenditures and revenue due to receiving Pre Trial Grant monies from the Courts.

Approved as to Accounting Principles and availability of funds

Approved this _____ day of _____, 2020

Cheryl Blair

2/19/20

Prepared by

Date

Department Head Signature

Date

Chairman, Board of Supervisors
(if needed per Budget Modification Procedure)

County Administrative Officer

Date

County Auditor Signature

Date

I, _____, _____, in and for the County of Modoc,
(Name) (Title)

State of California, do hereby certify that the above and foregoing is a full, true and correct budget modification as approved

by the Board of Supervisors on the _____ day of _____, 20_____.

WITNESS my hand and seal of the Board of Supervisors.

Clerk of the Board of Supervisors/Deputy