



Dept.: 1220 - District Attorney

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 2019-2020

I. Fund	II. Org	III. Account	IV. Expense Category	V. Approved Budget Amount	VI. Amount of Change + or -	VII. Total Budget Amount after Modification
1	1220	7001	Salaries	312,464.00	(17,667.00)	294,797.00
1	1220	7002	Extra Help	15,000.00	(9,000.00)	6,000.00
1	1220	7012	Other Comp	11,400.00	2,450.00	13,850.00
1	1220	7016	Vac/Comp Buyout	6,965.00	-	6,965.00
1	1220	7031	Retirement	29,198.00	-	29,198.00
	1220	7032	Social Security/FICA/Medicare	25,051.00	-	25,051.00
	1220	7033	Employee Insurance	26,253.00	(6,468.00)	19,785.00
	1220	7034	Unemployment Insurance	1,190.00	-	1,190.00
	1220	7035	Workers Comp	3,129.00	2,000.00	5,129.00
	1220	7039	Unfunded Liability	48,994.00	-	48,994.00
	1220	7060	Communication	5,000.00	1,000.00	6,000.00
	1220	7101	Insurance General	4,706.00	117.00	4,823.00
	1220	7111	Witness Fees	10,000.00	(10,000.00)	-
	1220	7120	Maint. Of Equip	1,000.00	2,502.00	3,502.00
	1220	7150	Memberships	5,000.00	(739.00)	4,261.00
	1220	7160	Office Expense	40,000.00	15,900.00	55,900.00
	1220	7180	Professional & Specialized	10,000.00	42,773.00	52,773.00
	1220	7181	Professional & Specialized Blood	1,000.00	500.00	1,500.00
	1220	7211	Rents and Leases -Equipment	10,300.00	(3,000.00)	7,300.00
	1220	7250	Travel & Transportation	20,000.00	(7,542.00)	12,458.00
	1220	7321	Intrafund	3,287.00	-	3,287.00
	1220	7771	Computers & Comp	10,000.00	(2,279.00)	7,721.00
	1220	7873	Fixed Assets Vehicle	50,000.00	(10,547.00)	39,453.00
	1220	7861	Maint of Structure	649,937.00	-	649,937.00

Reason for Transfer

To amend FY 19/20 budget.

Approved as to Accounting Principles and availability of funds

Approved this _____ day of _____, 2018

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