

| Fiscal Year | Agenda Item needed (yes/no) | Anticipated Meeting Date if applicable | Memo Attached if Board item |
|-------------|-----------------------------|--|-----------------------------|
| 2022/2023 | No | 1/4/2023 | <input type="checkbox"/> |

| Sources (Fund Balance, Revenues, Transfers In, etc...) | | | | | | | |
|--|---|-------------|------------|-------------|------------|-------------------|----------------------------------|
| Fund | Input "yes" if change in Fund Balance (2511) | Cost Center | Sub Ledger | Object Code | Subsidiary | Current Budget | Adjustment Add/ (Subtract) |
| 10 | | 3111611 | | 454010 | | \$0 | \$21,265 |
| 213 | | 3311003 | | 457990 | | \$22,047,391 | (\$21,265) |
| | | | | | | | |
| | | | | | | | |
| Insert rows above this line and copy New Revised Budget formula down | | | | | | | |
| Net Source Adjustment | | | | | | \$0 | |

| Uses (Expenditures, Transfers Out, etc....) | | | | | | | |
|--|--|-------------|------------|-------------|------------|--------------------|----------------------------|
| Fund | | Cost Center | Sub Ledger | Object Code | Subsidiary | Current Budget | Adjustment Add/ (Subtract) |
| 10 | | 3111611 | | 530470 | | \$3,000 | \$21,265 |
| 213 | | 3311003 | | 599500 | | \$22,047,391 | (\$21,265) |
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| | | | | | | | |
| Insert rows above this line and copy New Revised Budget formula down | | | | | | | |
| | | | | | | Net Use Adjustment | \$0 |

| | | |
|--|-------------------|------------|
| | Net Change | \$0 |
|--|-------------------|------------|

| | | |
|--------------|--------------|-------|
| Prepared by: | Ashlee Feliz | Date: |
|--------------|--------------|-------|

TYPE OF REQUEST:

- ☐ Transfer within same Cost Center
☐ Transfer between Cost Centers within same Fund
☐ Transfer between Funds or Transfer In/Out adjustments
☐ Transfer from/to of Reserve/Contingency (e.g., new grant, change in special revenue projection, new project)
☐ Change in Fund Balance Appropriation

For Budget Office Use Only

BUDGET OFFICE APPROVAL

BY: _____

DATE: _____

COUNTY MANAGER
APPROVAL

BY: _____

DATE: _____

POSTED _____

BY: _____

DATE: _____