DEPARTMENT/FUND
APPROPRIATION ADJUSTMENT FORM

Fiscal Year	Agenda Item needed (yes/no)	Anticipated Meeting Date if applicable	Memo Attached if Board item
23/24	Yes	2/7/2024	☐

Please use one form per agenda item.

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)**	**New Revised Budget**
266		TBD		426000		$0	$37,677	$37,677
213		3311003		457990		$15,311,826	($37,677)	$15,274,149
								$0
								$0
								$0
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)**	**New Revised Budget**
266		TBD		530550		$0	$37,677	$37,677
213		3311003		599500		$15,311,826	($37,677)	$15,274,149
								$0
								$0
								$0
								$0
								$0
								$0
								$0
Insert rows above this line and copy New Revised Budget formula down								
						Net Use Adjustment	$0	

		Net Change	$0

Prepared by:	Sean Harper, Andre Davis, Bridgette Alwin	Date:	1/12/2024

Explanation:	Discussion/approval/disapproval of an award under the Arizona State Toxicology Lab funding betweenthe Arizona Department of Health Services and the Pinal County Medical Examiner's Office, throughPinal County Board of Supervisors, beginning September 1, 2023, ending August 31, 2024, for$37,676.50. Funding will be used by the Medical Examiner's Office for toxicology testing andimprovement of the investigation of drug and overdose deaths. (Dr. John Hu)

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	COUNTY MANAGER APPROVAL	POSTED
BY:_____	BY:_____	BY:_____
DATE: _____	DATE: _____	DATE:_____