

**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	4/24/2024	<input type="checkbox"/>

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
116		TBD		421000		\$0	\$5,000	\$5,000
213		3311003		457990		\$9,389,070	(\$5,000)	\$9,384,070
								\$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
116		TBD		511130		\$0	\$4,000	\$4,000
116		TBD		512010		\$0	\$307	\$307
116		TBD		512040		\$0	\$502	\$502
116		TBD		512070		\$0	\$191	\$191
213		3311003		599500		\$9,389,070	(\$5,000)	\$9,384,070
								\$0
								\$0
								\$0
								\$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
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Prepared by: Jen Hansen	Date: 4/4/2024
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Explanation: The purpose of the campaign is for the Pinal County Sheriff's Office to engage in Occupant Protection traffic enforcement with a "zero tolerance" approach to seat belt and child safety seat violations. The goal is to sustain seatbelt usage rates in the designated geographical areas of the participating agencies.

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: _____