

**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	<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
266		3600220		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		3600220		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	
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Prepared by: Sean Harper, Andre Davis, Bridgette Alwin	Date: 1/12/2024
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Explanation:	Discussion/approval/disapproval of an award under the Arizona State Toxicology Lab funding between the Arizona Department of Health Services and the Pinal County Medical Examiner's Office, through Pinal 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 and improvement of the investigation of drug and overdose deaths. (Dr. John Hu)
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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: _____