DEPARTMENT/FUND
APPROPRIATION ADJUSTMENT FORM

Fiscal Year	Agenda Item needed (yes/no)	Anticipated Meeting Date if applicable	Memo Attached if Board item
24/25	Y	10/30/2024	☐

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**
116		TBD		421000		$0	$40,000	$40,000
213		3311003		499500		$10,093,456	($40,000)	$10,053,456
								$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	$28,800	$28,800
116		TBD		512010		$0	$3,117	$3,117
116		TBD		512040		$0	$5,651	$5,651
116		TBD		512070		$0	$2,432	$2,432
213		3311003		599500		$10,093,456	($40,000)	$10,053,456
								$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

Prepared by:	Jen Hansen	Date:	10/3/2024

Explanation:	This grant will be used by the Pinal County Sheriff's Office Traffic Unit for enforcement purposes related to preventing and abating driving or operating under the influence occurrences in a motor vehicle.

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:_____