

**CONTRA COSTA COUNTY
APPROPRIATION ADJUSTMENT**

T/C 27

AUDITOR-CONTROLLER USE ONLY

FINAL APPROVAL NEEDED BY:

☒ BOARD OF SUPERVISORS

☐ COUNTY ADMINISTRATOR


ACCOUNT CODING		BUDGET UNIT: 0364 - District Attorney/Public Administrator			
ORGANIZATION	EXPENDITURE SUB-ACCOUNT	EXPENDITURE ACCOUNT DESCRIPTION	<DECREASE>		INCREASE
0364	1011	Permanent Salaries	122,726	00	
0364	1015	Deferred comp	765	00	
0364	1042	FICA/Medicare	11,979	00	
0364	1043	Ret Exp-Pre 97 Retirees	482	00	
0364	1044	Retirement Expense	43,828	00	
0364	1060	Employee Group Insurance	22,688	00	
0364	1061	Retiree Health Insurance	8,995	00	
0364	1062	OPEB Pre-Pay	12,090	00	
0364	1063	Unemployment Insurance	368	00	
0364	1070	Workers Comp Insurance	1,648	00	
0364	2315	Data Processing Services	23	00	
0364	2326	Information Security Charges	204	00	
0364	2479	Other Departmental Charges			25,796
TOTALS			225,796	00	25,796 00

APPROVED

AUDITOR-CONTROLLER:

BY:  DATE 9/9/15

COUNTY ADMINISTRATOR:

BY:  DATE 9/9/15

BOARD OF SUPERVISORS:

YES:

NO:

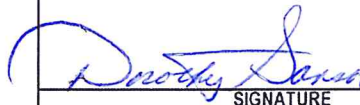
BY: _____ DATE _____

(Deputy)

(M129 Rev 2/86)

EXPLANATION OF REQUEST

Transfer of Public Administrator from the District Attorney to the Health Services Department. General Fund appropriation remains with the District Attorney.

 Sr. Dep Co Admin 9/9/15

SIGNATURE

TITLE

DATE

APPROPRIATION

APOO 5001

ADJ. JOURNAL NO.

ACCOUNT CODING		BUDGET UNIT: 0364 - District Attorney/Public Administrator			
ORGANIZATION	REVENUE ACCOUNT	REVENUE ACCOUNT DESCRIPTION	INCREASE		<DECREASE>
0364	9690	Estate Fees			200,000 00
TOTALS				00	200,000 00

APPROVED

AUDITOR-CONTROLLER:
 BY: [Signature] DATE 9/9/15

COUNTY ADMINISTRATOR:
 BY: [Signature] DATE 9/9/15

BOARD OF SUPERVISORS:
 YES:

NO:

BY: _____ DATE _____

EXPLANATION OF REQUEST

[Signature]
SIGNATURE

Sr. Dep. Co. Adm.
TITLE

9/9/15
DATE

REVENUE ADJ. JOURNAL NO.

RAOO 5001

**CONTRA COSTA COUNTY
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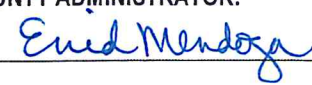
ACCOUNT CODING		BUDGET UNIT: 0454 - Health Services/Public Administrator			
ORGANIZATION	EXPENDITURE SUB-ACCOUNT	EXPENDITURE ACCOUNT DESCRIPTION	<DECREASE>		INCREASE
0454	1011	Permanent Salaries			221,964 00
0454	1015	Deferred comp			1,785 00
0454	1042	FICA/Medicare			19,570 00
0454	1043	Ret Exp-Pre 97 Retirees			482 00
0454	1044	Retirement Expense			79,874 00
0454	1060	Employee Group Insurance			62,352 00
0454	1061	Retiree Health Insurance			8,995 00
0454	1062	OPEB Pre-Pay			12,090 00
0454	1063	Unemployment Insurance			672 00
0454	1070	Workers Comp Insurance			7,111 00
Continued on next page					
SUB-TOTAL			0	00	414,895 00

APPROVED

AUDITOR-CONTROLLER:

BY:  DATE 9/9/15

COUNTY ADMINISTRATOR:

BY:  DATE 9/9/15

BOARD OF SUPERVISORS:

YES:

NO:

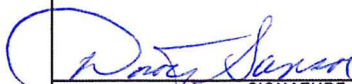
BY: _____ DATE _____

(Deputy)

(M129 Rev 2/86)

EXPLANATION OF REQUEST

Transfer of Public Administrator from the District Attorney to the Health Services Department.



SIGNATURE

Sr. Dep Co Admin

TITLE

9/9/15

DATE

APPROPRIATION

APOO

5001

ADJ. JOURNAL NO.

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ACCOUNT CODING		BUDGET UNIT: 0454 - Health Services/Public Administrator			
ORGANIZATION	EXPENDITURE SUB-ACCOUNT	EXPENDITURE ACCOUNT DESCRIPTION	<DECREASE>		INCREASE
0454	2100	Office Expense			1,500 00
0454	2102	Books-Periodicals-Subscriptions			1,500 00
0454	2110	Communications			1,000 00
0454	2111	Telephone Exchange Service			970 00
0454	2131	Minor Furniture/Equipment			1,500 00
0454	2132	Minor Computer Equipment			3,000 00
0454	2250	Rents and Leases-Equipment			2,100 00
0454	2251	Computer Software Costs			5,000 00
0454	2262	Building Occupancy Costs			8,400 00
0454	2301	Autom Mileage Employees			4,750 00
0454	2303	Other Travel Employees			1,610 00
0454	2310	Non County Professional/Specialized Services			1,000 00
0454	2315	Data Process Services			75 00
0454	2326	Information Security Charges			204 00
454	2479	Other Special Departmental Expenses			5,000 00
		SUB-TOTAL FROM PAGE 1			414,895 00
		GRAND TOTAL	0	00	452,504 00

APPROVED

AUDITOR-CONTROLLER:

BY: [Signature] DATE 9/9/15

COUNTY ADMINISTRATOR:

BY: [Signature] DATE 9/9/15

BOARD OF SUPERVISORS:

YES:

NO:

BY: _____ DATE _____

(Deputy)

(M129 Rev 2/86)

EXPLANATION OF REQUEST

Transfer of Public Administrator from the District Attorney to the Health Services Department.

[Signature] Sr. Dep Co Admin 9/9/15
SIGNATURE TITLE DATE

APPROPRIATION APOO 5001
ADJ. JOURNAL NO. _____

ACCOUNT CODING		BUDGET UNIT: 0454 - Health Services/Public Administrator			
ORGANIZATION	REVENUE ACCOUNT	REVENUE ACCOUNT DESCRIPTION	INCREASE		<DECREASE>
0454	9690	Estate Fees	200,000	00	
0005	8981	Fund Balance Available	252,504	00	
TOTALS			452,504	00	0 00

APPROVED

AUDITOR-CONTROLLER: [Signature] DATE 9/9/15

COUNTY ADMINISTRATOR: [Signature] DATE 9/9/15

BOARD OF SUPERVISORS: YES: _____ NO: _____

BY: _____ DATE _____

EXPLANATION OF REQUEST

Budget appropriatons for fee revenue to be received in new unit. Public Administrator functions are being transferred from the District Attorney to the Health Services Department.

[Signature] Sr. Dep. Co. Adm. 9/9/15

SIGNATURE TITLE DATE

REVENUE ADJ. JOURNAL NO. RAOO 5001