

CONTRA COSTA COUNTY  
ESTIMATED REVENUE ADJUSTMENT/  
ALLOCATION ADJUSTMENT  
**T/C 24**

AUDITOR-CONTROLLER USE ONLY

FINAL APPROVAL NEEDED BY:

- ☒ BOARD OF SUPERVISORS  
☐ COUNTY ADMINISTRATOR  
☐ AUDITOR-CONTROLLER

ACCOUNT CODING		DEPARTMENT : 0005 - General County Reserve			
ORGANIZATION	REVENUE ACCOUNT	REVENUE ACCOUNT DESCRIPTION	INCREASE		<DECREASE>
0005	9429	State Aid Mandated Expenditures	500,000	00	
TOTALS			500,000	00	0 00

APPROVED

AUDITOR-CONTROLLER:

BY: *[Signature]* DATE 10/29/15

COUNTY ADMINISTRATOR:

BY: *[Signature]* DATE 10/29/15

BOARD OF SUPERVISORS:

YES:

NO:

BY: \_\_\_\_\_ DATE \_\_\_\_\_

EXPLANATION OF REQUEST:

To adjust appropriations and revenues to reflect \$500,000 for the CARES Program.

*[Signature]* Sr. Deputy County Administrator 10/26/2015  
SIGNATURE TITLE DATE

REVENUE ADJ. RAOO 5012  
JOURNAL NO.

CONTRA COSTA COUNTY  
APPROPRIATION ADJUSTMENT /  
ALLOCATION ADJUSTMENT  
T/C 27

AUDITOR-CONTROLLER USE ONLY

FINAL APPROVAL NEEDED BY:

- ☒ BOARD OF SUPERVISORS  
☐ COUNTY ADMINISTRATOR  
☐ AUDITOR-CONTROLLER

ACCOUNT CODING		DEPARTMENT : Health Services - Health Plan Subsidy (0465-100300)			
ORGANIZATION	EXPENDITURE SUB-ACCOUNT	EXPENDITURE ACCOUNT DESCRIPTION	<DECREASE>		INCREASE
0465	3570	Contributions to Enterprise Fund			500,000 00
TOTALS			0 00		500,000 00

APPROVED

AUDITOR-CONTROLLER:

BY: g8pa DATE 10/29/15

COUNTY ADMINISTRATOR:

BY: Enid Mendoza DATE 10/29/15

BOARD OF SUPERVISORS:

YES:

NO:

BY: \_\_\_\_\_ DATE \_\_\_\_\_

EXPLANATION OF REQUEST:

To adjust appropriations and revenues to reflect \$500,000 for the CARES Program.

Enid Mendoza Sr Deputy County Administrator 10/26/2015  
SIGNATURE TITLE DATE

APPROPRIATION APOO 5012  
ADJ. JOURNAL NO.