

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 : Behavioral Health - Homeless Program (0463)			
ORGANIZATION	EXPENDITURE SUB-ACCOUNT	EXPENDITURE ACCOUNT DESCRIPTION	<DECREASE>		INCREASE
5731	2310	Non Cnty Prof./Spclzd. Svcs	26,110	00	
5745	5011	Reimbursement Gov/Gov			20,816
5731	5011	Reimbursement Gov/Gov			5,294
4284	4953	Autos & Trucks			26,110
TOTALS			26,110	00	52,220 00

APPROVED

AUDITOR-CONTROLLER:

BY: [Signature] DATE 3/9/16

COUNTY ADMINISTRATOR:

BY: [Signature] DATE 3/9/16

BOARD OF SUPERVISORS:

YES:

NO:

BY: _____ DATE _____

EXPLANATION OF REQUEST:

To transfer appropriation from Homeless program for the purchase of one Ford CMAX Hybrid for client transportation to their medical and housing needs.

Transfer from Permanent Connection cost center

FAYE NY BH FINANCE MANAGER 2/17/2016
 SIGNATURE TITLE DATE

APPROPRIATION APOO 5052
 ADJ. JOURNAL NO.

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 : Behavioral Health - Homeless Program (0463)		
ORGANIZATION	REVENUE ACCOUNT	REVENUE ACCOUNT DESCRIPTION	INCREASE	<DECREASE>
4284	9951	Reimbursement Gov/Gov	26,110 00	00
TOTALS			26,110 00	0 00

APPROVED

AUDITOR-CONTROLLER:

BY: [Signature] DATE 3/9/16

COUNTY ADMINISTRATOR:

BY: [Signature] DATE 3/9/16

BOARD OF SUPERVISORS:

YES:

NO:

BY: _____ DATE _____

(MB134 Rev 05/09)

EXPLANATION OF REQUEST:

To transfer appropriation from Homeless program for the purchase of one Ford CMAX Hybrid for client transportation to their medical and housing needs.

[Signature]
FAYE NY BH FINANCE MANAGER 2/17/2016
SIGNATURE TITLE DATE

REVENUE ADJ. RAOO 5052
JOURNAL NO.