

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 (0403)			
ORGANIZATION	EXPENDITURE SUB-ACCOUNT	EXPENDITURE ACCOUNT DESCRIPTION	<DECREASE>		<INCREASE>
5731	2310	Non Cnty Prof./Spclzd. Svcs	425,688	00	
5734	5011	Reimbursement Gov/Gov			110,000
5734	2340	Other IntrDeptmntl Chgs			315,688
4284	4953	Autos & Trucks			110,000
TOTALS			425,688	00	535,688 00

APPROVED

AUDITOR-CONTROLLER:

BY: C. Lopez DATE: 1/12/15

COUNTY ADMINISTRATOR:

BY: Emil Mendez DATE: 1/12/16

BOARD OF SUPERVISORS:

YES: Gioia, Andersen, Mitchoff, Glover

NO: None

Absent: Piepho

BY: Sm Boyel DATE: 1/19/16

(W128 Rev C/SC)



EXPLANATION OF REQUEST:

To transfer appropriation from Homeless program for the purchase of one Ford Escape Flex Fuel, one Ford CMAX Hybrid, one Ford Fusion Hybrid and one Ford Transit Connect Van for client transportation to their medical and housing needs.

Transfer Albertson Funds from Admin to 5734 Albertson and center

FY: 2015 FINANCE MANAGER: [Signature] DATE: 12/16/2015
SIGNATURE: [Signature] TITLE: [Signature]
APPROPRIATION: [Signature] APOC: [Signature]
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 (0453)			
ORGANIZATION	REVENUE ACCOUNT	REVENUE ACCOUNT DESCRIPTION	INCREASE		<DECREASE>
4284	9951	Reimbursement Gov/Gov	110,000	00	00
TOTALS			110,000	00	00

APPROVED

AUDITOR-CONTROLLER:

BY G. Gioia DATE 1/12/15

COUNTY ADMINISTRATOR:

BY E. Mendoza DATE 1/12/16

BOARD OF SUPERVISORS:

YES: Gioia, Andersen, Mitchoff, Glover

NO: None

Absent: Piepho

BY M. Boyd DATE 1/19/16

(VD134 Rev 05/05)



EXPLANATION OF REQUEST:

To transfer appropriation from Homeless program for the purchase of one Ford Escape Flex Fuel, one Ford CMAX Hybrid, one Ford Fusion Hybrid and one Ford Transit Connect Van for client transportation to their medical and housing needs.

72
FAYE NY 72 FINANCE MANAGER 12/8/2015
SIGNATURE TITLE DATE

REVENUE ADJ. RAOO 56.38
JOURNAL NO.