

# Budget Revision Request

**BJE 0001950**  
Budget Journal Entry #

Gov. Code Sec. 29125 & 29130

**JE**  
Related Journal Entry #

**Subject / Title:** Provide a **short description** for this budget revision request. For example: "Designate funds for zoning ordinance amendments" or "Distribute proceeds from sale of 2005 COPS".

Sheriff: Recognize unanticipated revenue of \$20,000 in donated funds and increase corresponding appropriations for the purchase of a law enforcement canine.

**Justification:** For all changes: explain what the change is for and why it is needed. Attach additional justification, board Letters or spreadsheet, if appropriate. When moving Appropriation: explain why it's available. When Revenue is adjusted: explain the reason for the increase or decrease. For adjustments to General Fund Contingency: explain why no other alternative funding source is available.

An individual has donated \$20,000 to the Sheriff's Office for the purchase and training of a law enforcement canine. This revision recognizes unanticipated revenue and places the donation in restricted fund balance. The revision then releases restricted fund balance and appropriates the corresponding expenditures in the services & supplies object level.

## Financial Summary

Increase or (Decrease) in Appropriation for / Uses:	Department / Fund <b>032 / 0001</b>	Department / Fund /	Department / Fund /	Department / Fund /
Salaries & Benefits	00	00	00	00
Services & Supplies	20,000   00	00	00	00
Other Charges	00	00	00	00
Fixed Assets	00	00	00	00
Other Financing Uses	00	00	00	00
Intrafund Transfers	00	00	00	00
Reserve or Designation	20,000   00	00	00	00
<b>Sources:</b>				
Revenue	20,000   00	00	00	00
Other Financing Sources	00	00	00	00
Intrafund Transfers	00	00	00	00
Reserve or Designation	20,000   00	00	00	00
Effect on Contingency / RE	-   00	-   00	00	00

Departmental Authorization	Auditor-Controller	CEO's Recommendation	Board of Supervisor's Action
_____ Department Head      Date	Budget Journal Entry and Related Journal Entry <i>if applicable</i> Approved as to Accounting Form.  _____ Auditor-Controller	<input type="checkbox"/> Approve	<input type="checkbox"/> Approved
_____ Department Head      Date		<input type="checkbox"/> Disapprove      _____ Date	<input type="checkbox"/> Disapproved      _____ Date
_____ Department Head      Date		Transfer/Revision in Accordance with Board Policy dated 8/3/93.	_____ Agenda Item
_____ Department Head      Date		_____ County Executive Officer	_____ Clerk of the Board of Supervisors