

# Budget Revision Request

**BJE 0000911**  
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: Release \$49,000 of Asset Forfeiture Designation and appropriate for the purchase of four sets of evidence lockers for the use in Sheriff patrol stations

**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.

The Santa Barbara Sheriff's Department has determined that improvements in the storage of evidence collected at the scene of crimes are warranted. Different types of storage lockers are in use at the six different Sheriff stations throughout the County. Several of the locations have in use custom-built storage facilities that were constructed years ago and do not meet current evidence retention standards. The total cost of the purchase with sales tax will be approximately \$49,000.

## Financial Summary

	Department / Fund <b>032 / 0001</b>	Department / Fund /	Department / Fund /	Department / Fund /
Increase or (Decrease) in Appropriation for / Uses:				
Salaries & Benefits	00	00	00	00
Services & Supplies	00	00	00	00
Other Charges	00	00	00	00
Fixed Assets	49,000 00	00	00	00
Other Financing Uses	00	00	00	00
Intrafund Transfers	00	00	00	00
Reserve or Designation	00	00	00	00
Sources:				
Revenue	00	00	00	00
Other Financing Sources	00	00	00	00
Intrafund Transfers	00	00	00	00
Reserve or Designation	49,000 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  _____ Department Head      Date  _____ Department Head      Date	Budget Journal Entry and Related Journal Entry if applicable Approved as to Accounting Form.  _____ Auditor-Controller	<input type="checkbox"/> Approve  <input type="checkbox"/> Disapprove      _____ Date  Transfer/Revision in Accordance with Board Policy dated 8/3/93.  _____ County Executive Officer	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved      _____ Date  _____ Agenda Item  _____ Clerk of the Board of Supervisors