COUNTY OF YUBA

AUDITOR-CONTROLLER'S OFFICE
BUDGET ADJUSTMENT REQUEST FORM

FISCAL YEAR 23/24

DEPARTMENT: Elections **PREPARED BY/PHONE** D. Hillegass x7855

REVENUE APPROPRIATIONS						EXPENDITURE APPROPRIATIONS					
Account Number				Account Name	Amount INC/(DEC)	Account Number				Account Name	Amount INC/(DEC)
FUND	DEPT	BASE	EL-OB			FUND	DEPT	BASE	EL-OB		
101	0800	371	8801	Election Services	20,000.00	101	0800	415	2800	Special Department Expense	20,000.00
TOTAL NET REVENUE INCREASE/(DECREASE)					20,000.00	TOTAL NET EXPENDITURES INCREASE/(DECREASE)					20,000.00

EXPLANATION FOR BUDGET ADJUSTMENT:

HAVA Polling Place Accessibility Grant

FUNDING SOURCE FOR INCREASES: **BUDGET TRANSFER #** _____ (assigned by ACO)

EXTERNAL [✓] *MUST INCLUDE DOCUMENTATION FOR THE ADDITIONAL FUNDING*
INTERNAL [ ] *MUST INCLUDE A JOURNAL REQUEST FORM or ACCOUNT BALANCE OF SOURCE FUND(S)*

APPROVALS: Availability and appropriateness of budget amounts, balances, and accounts of the above has been verified and approved.

1) DEPARTMENT HEAD: Donna Hillegass 12-27-23
SIGNATURE OF AUTHORIZED OFFICIAL DATE

3) AUDITOR-CONTROLLER: 12/28/2023
SIGNATURE DATE

2) COUNTY ADMINISTRATOR: 12/28/23
SIGNATURE DATE

4) BOARD OF SUPERVISORS: (if necessary)
SIGNATURE DATE

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