



COURT COMMUNICATION ITEM

Item Description

Request approval of Budget Adjustments (Amendments) over \$5,000.

Background on Item

Budget adjustments are for equipment to support 57 vote centers, move funds to appropriate lines, allocation of funds due to a change in accounting process by the Auditor's Office and for the purchase of Canine Influenza H3N8.

Financial Information

Budget adjustments totaling \$1,296,699.

FY1 Budget Amendments (Adjustments) FY 2009

Note: Budget adjustments move approved and appropriated funding from one line to another. Supporting justification is provided upon your request.

Adjustment #	Department	From Detail		To Detail		Amount	Description
		From Account (project #, etc.)	To Account (project #, etc.)	From Account (project #, etc.)	To Account (project #, etc.)		
09-66	Elections	001-0501-411.64-01	001-0501-411.55-01	X05201		\$40,000	Equipment to support 57 vote centers
09-67			001-0501-411.52-01			\$39,000	
09-68		033-0520-411.64-01	033-0520-411.52-02			\$139,473	
09-69			033-0520-411.80-11			\$3,645	
09-70	Animal Services	507-0000-245.00-00	507-8301-645.61-16	Lab Supplies		\$12,600	Needed to purchase Canine Influenza H3N8.
09-71	Permanent Improvement	499-4110-561.91-10	499-4110-561.52-01	06ADMIN		\$348,681	Moved funds to appropriate line.
09-72			499-4110-561.90-01			\$603,300	
09-73	District Attorney	001-0000-251.00-00	001-3501-334.40-52	Witness Reimbursement		\$55,000	Needed due to a change in the accounting process by the Auditor's Office.
09-74			001-3501-520.65-31	Witness Cost		\$55,000	
TOTAL						\$1,296,699	

Budget Amendment Request Form

For Budget Office Use Only	
<input checked="" type="checkbox"/> Court	<input type="checkbox"/> Non-Court
FY <u>09</u>	Seq. No. _____
Approved by: _____	Date: _____

Date of Request: August 26, 2009

From: Elections / Sharon Rowe / x1910
(Department Name / Contact Name / Phone)

Budget Account to Receive Budget Amendment: _____ New Existing

Project Code to Receive Amendment: _____ New Existing

TO Account Information:

Line Item Number	Line Item Description	Project Code	Amount
<u>001-0501-411-55-01</u>	<u>COMPUTER SOFTWARE</u>	<u>X05201</u>	<u>\$40,000.00</u>
<u>001-0501-411-52-01</u>	<u>EXTRAORD OFFICE SUPPLIES</u>	<u>X05201</u>	<u>\$39,000.00</u>

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FROM Account Information:

Line Item Number	Line Item Description	Project Code	Amount
<u>001-0501-411-64-01</u>	<u>CONSULTANTS</u>		<u>\$79,000.00</u>
FROM Total:			\$79,000.00

Purpose for Request:

Equipment cost to Support 57 Vote Centers

VoteSafe Licenses 50 @ \$800 each = \$40,000

New EV Cabinet 20 @ \$1,950 each = \$39,000

 Elected Official / Department Head

Budget Amendment Request Form

For Budget Office Use Only	
<input checked="" type="checkbox"/> Court	<input type="checkbox"/> Non-Court
FY <u>09</u>	Seq. No.
Approved by:	Date:

Date of Request: August 26, 2009

From: Elections / Sharon Rowe / x1910
(Department Name / Contact Name / Phone)

Budget Account to Receive Budget Amendment: _____ New Existing
 Project Code to Receive Amendment: _____ New Existing

TO Account Information:

Line Item Number	Line Item Description	Project Code	Amount
<u>033-0520-411-52-02</u>	<u>EXTRAORD COMPUTER SUPPLY</u>	<u>X05201</u>	<u>\$139,473.00</u>
<u>033-0520-411.80-11</u>	<u>MEDIA SERVICE</u>	<u>X05201</u>	<u>\$3,645.00</u>

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FROM Account Information:

Line Item Number	Line Item Description	Project Code	Amount
<u>033-0520-411-64-01</u>	<u>CONSULTANTS</u>		<u>\$143,118.00</u>
FROM Total:			\$143,118.00

Purpose for Request:

Equipment cost to Support 57 Vote Centers

Laptops 74 @ \$1,808.47 each = \$133,826.78
 HHP Bar Code Readers 15 @ \$154.80 each = \$2,322
 Dymo Label Printers 25 @ \$132.94 each = \$3,323.50
 Verizon Wireless Cards & 1 month service 81 @ \$45 each = \$3,645

 Elected Official / Department Head

Budget Amendment Request Form

For Budget Office Use Only			
<input checked="" type="checkbox"/> Court	<input type="checkbox"/> Non-Court		
FY <u>09</u>	Seq. No. <u>70</u>		
Approved by: <u>[Signature]</u>		Date: <u>8/26/09</u>	

Date of Request: August 25, 2009

From: Animal Services/Misty Brown/5593
(Department Name / Contact Name / Phone)

Budget Account to Receive Budget Amendment: _____ New Existing
 Project Code to Receive Amendment: _____ New _____ Existing

TO Account Information:

Line Item Number	Line Item Description	Project Code	Amount
<u>507-8301-645-61-16</u>	<u>Lab Supplies</u>		<u>\$12,600.00</u>
TO Total:			\$12,600.00

FROM Account Information:

Line Item Number	Line Item Description	Project Code	Amount
<u>507-0000-245.00-00</u>	<u>Fund Balance</u>		<u>\$12,600.00</u>
FROM Total:			\$12,600.00

Purpose for Request:

These funds would be used to purchase Canine Influenza Vaccine H3N8. We must start vaccinating all of our dogs against this deadly new flu virus. Because it is a new disease, most dogs have not developed any immune protection against it, so every dog that is exposed to the virus will become infected. Approximately 80% of infected dogs will develop clinical signs of disease and 1-in-5 symptomatic dogs will progress to more severe infection including pneumonia. 8% of all sick dogs will die. The 20% of the dogs that don't show clinical symptoms are still infected and will spread the virus. This virus will affect 100% of our canine population if we don't vaccinate against it. Requisition # 134436 .

 Elected Official / Department Head

PURCHASE REQUISITION NBR: 0000134436

DATE: 8/25/09
DELIVER BY DATE: 8/28/09

REQUISITION BY: ANIMAL SVS POIRIER 7291
STATUS: INSUFFICIENT FUNDS
REASON: DEBBIE POIRIER 7291

SHIP TO LOCATION: 8301/8330 ANIMAL SERVICES
SUGGESTED VENDOR: 19874 MWI VETERINARY SUPPLY

LINE NBR	DESCRIPTION	QUANTITY	UOM	UNIT COST	EXTEND COST	VENDOR PART NUMBER
1	DOXYCYCLINE; 100ML TABLETS; 500 CT; ITEM NO 000592	4.00	BT	25.9700	103.88	
2	CANINE INFLUENZA VACCINE H3N8; 25 X 1 DOSE	3000.00	EA	3.9700	11910.00	
3	INJECTABLE GENTACIN; 100CC; ITEM NO 008830	6.00	EA	13.5300	81.18	
4	STERILE WATER; 250CC; ITEM NO 007323	10.00	EA	2.3300	23.30	
5	STERILE DISPOSABLE TRANSFER PIPETS; 5 1/2" LONG; ITEM NO 023160; 500/BOX	4.00	5C	29.0400	116.16	
6	MONOJECT SYRINGE/NEEDLE COMBO; 3ML SYRINGE WITH 23 X 1 INCH NEEDLE; 100/BOX	30.00	BX	11.7100	351.30	
REQUISITION TOTAL:						12585.82

A C C O U N T I N F O R M A T I O N

LINE #	ACCOUNT	PROJECT	%	AMOUNT
1	50783016456116	OPERATIONS-SUPPLIES	100.00	103.88
2	50783016456116	LAB SUPPLIES	100.00	11910.00
3	50783016456116	OPERATIONS-SUPPLIES	100.00	81.18
4	50783016456116	LAB SUPPLIES	100.00	23.30
5	50783016456116	OPERATIONS-SUPPLIES	100.00	116.16
6	50783016456116	LAB SUPPLIES	100.00	351.30
				12585.82

REQUISITION IS IN THE CURRENT FISCAL YEAR.

Budget Amendment Request Form

For Budget Office Use Only	
<input checked="" type="checkbox"/> Court	<input type="checkbox"/> Non-Court
FY <u>09</u>	Seq. No. _____
Approved by: <u>JB</u>	Date: <u>8/27/09</u>

Date of Request: August 27, 2009

From: Lisa Bunch C&P / J Boeye
(Department Name / Contact Name / Phone)

Budget Account to Receive Budget Amendment: _____ New Existing
 Project Code to Receive Amendment: _____ New Existing

TO Account Information:

Line Item Number	Line Item Description	Project Code	Amount
499-4110-561.52-01	Extraord Office Supplies	06ADMN	\$348,681.00
499-4110-561.90-01	Office Equipment	06ADMN	\$603,300.00

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TO Total:	\$951,981.00
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FROM Account Information:

Line Item Number	Line Item Description	Project Code	Amount
499-4110-561.91-10	Building Construction	06ADMN	\$951,981.00

FROM Total:	\$951,981.00
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Purpose for Request:

To reallocate funds to proper office equipment accounts per capitalization policy.

Elected Official / Department Head

Project : 06ADMN Bloomdale Admin Bldg
Position to . . . : - - - - - Starting character(s)

Type options, press Enter.

1=Select

Opt Account number	Budget	Actual	Balance
- 499-4110-561.52-01	0	348,680.54	348,680.54-
- 499-4110-561.52-02	0	.00	.00
- 499-4110-561.52-05	0	.00	.00
- 499-4110-561.90-01	0	603,299.16	603,299.16-
- 499-4110-561.91-01	0	.00	.00
- 499-4110-561.91-08	638,638	.00	638,638.00
- 499-4110-561.91-10	7,361,368	5,167,948.88	2,193,419.12
- 499-4110-561.91-18	0	.00	.00 +
Pre-encumb:		.00	Encumb: 294,462.63
2009 YTD:		6,525,738.43	Pending: 1,130.55
Budg: 9,340,828.00	PTD:	6,525,738.43	Balance: 2,815,089.57

F3=Exit F5=Refresh F9=Misc. info F11=Proj-to-dt F12=Cancel F17=Subset
F18=Encumbrance detail F19=Project activity list

Budget Amendment Request Form

For Budget Office Use Only	
<input checked="" type="checkbox"/> Court <input type="checkbox"/> Non-Court	
FY <u>09</u>	Seq. No. <u>13</u>
Approved by: _____	Date: _____

Date of Request: August 27, 2009

From: District Attorney/Jill Bridges/4330
(Department Name / Contact Name / Phone)

Budget Account to Receive Budget Amendment: _____ New Existing

Project Code to Receive Amendment: _____ New Existing

TO Account Information:

Line Item Number	Line Item Description	Project Code	Amount
<u>001-3501-334.04-52</u>	<u>Witness Reimbursement</u>		<u>\$55,000.00</u>

FROM Account Information:

Line Item Number	Line Item Description	Project Code	Amount
<u>001-0000-251.00-00</u>	<u>Fund Balance</u>		<u>\$55,000.00</u>

FROM Total:	\$55,000.00
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Purpose for Request:

The Auditor's office changed the accounting process for the District Attorney's witness costs/reimbursements. In 2009, the reimbursements have been accounted for in a revenue account, while in prior years, credits were put in the witness costs expenditure line. The budget did not reflect this change and this budget amendment is to correct for 2009. The FY2010 budget for witness costs/reimbursement has been changed to accurately reflect the accounting treatment.

 Elected Official / Department Head

Budget Amendment Request Form

For Budget Office Use Only	
Court <input checked="" type="checkbox"/>	Non-Court <input type="checkbox"/>
FY: <u>09</u>	Seq. No. <u>14</u>
Approved by: _____	Date: _____

Date of Request: August 27, 2009

From: District Attorney/Jill Bridges/4330
(Department Name / Contact Name / Phone)

Budget Account to Receive Budget Amendment: _____ New Existing

Project Code to Receive Amendment: _____ New Existing

TO Account Information:

Line Item Number	Line Item Description	Project Code	Amount
<u>001-3501-520.65-31</u>	<u>Witness Costs</u>		<u>\$55,000.00</u>

FROM Account Information:

Line Item Number	Line Item Description	Project Code	Amount
<u>001-0000-251.00-00</u>	<u>Fund Balance</u>		<u>\$55,000.00</u>

FROM Total:	\$55,000.00
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Purpose for Request:

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Elected Official / Department Head