



COURT COMMUNICATION ITEM

Item Description

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

Background on Item

Budget adjustments needed to correct negative category balance due to payments being made that exceed the budget for FY10.

Financial Information

Budget adjustment totaling \$421,451

FY Budget Amendments (Adjustments) FY 2010

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.)		
10-59	Medical Examiner	001-1001-411.87-01	001-0901-648.64-23	Lab Services		\$15,000	Needed to correct negative category balance due to payments being made that exceed the budget for FY10.
10-60	Indigent Defense		001-6201-721.64-03	Psychological Evaluations		\$62,784	
10-61			001-6201-721.64-20	Court Appointed Attorney		\$214,994	
10-62			001-6201-721.65-02	Reporters Records		\$105,897	
10-63			001-6201-721.65-32	Investigation Expenses		\$12,130	
10-64			001-6201-721.87-01	Misc		\$10,646	
TOTAL						\$421,451	

FY10 BA

Budget Amendment Request Form

For Budget Office Use Only	
<input checked="" type="checkbox"/> Court	<input type="checkbox"/> Non-Court
FY: <u>10</u>	Seq. No: <u>69</u>
Approved by: <u>[Signature]</u>	Date: <u>11/03/10</u>

Date of Request: November 3, 2010

From: ME / Debbie Gonzalez / 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
001-0901-648.64-23	Lab Services		\$15,000.00
TO Total:			\$15,000.00

FROM Account Information:

Line Item Number	Line Item Description	Project Code	Amount
001-1001-411.87-01	Miscellaneous		\$15,000.00
FROM Total:			\$15,000.00

Purpose for Request:

To reallocate funding to pay various FY2010 year-end requisitions for Medical Examiner services and supplies.

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>10</u>	Seq. No. _____
Approved by _____	Date _____

Date of Request: November 4, 2010

From: Indigent Def/Marie/4773
(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>001-6201-721.64-03</u>	<u>Psychological Evaluations</u>		<u>\$62,784.00</u> 60
<u>001-6201-721.64-20</u>	<u>Court Appointed Attorney</u>		<u>\$214,994.00</u> 61
<u>001-6201-721.65-02</u>	<u>Reporters Records</u>		<u>\$105,897.00</u> 62
<u>001-6201-721.65-32</u>	<u>Investigation Expense</u>		<u>\$12,130.00</u> 63
<u>001-6201-721.87-01</u>	<u>Misc</u>		<u>\$10,646.00</u> 64

FROM Account Information:

Line Item Number	Line Item Description	Project Code	Amount
<u>001-1001-411.87-01</u>	<u>Non Dept Misc</u>		<u>\$406,451.00</u>

FROM Total:	\$406,451.00
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Purpose for Request:

Needed to correct negative category balance due to payments being made that exceed the budget for FY10.