

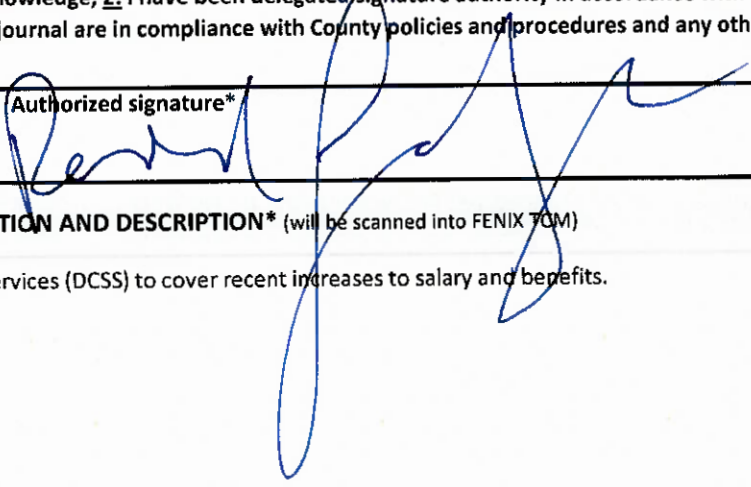
MEMO SHEET: BUDGET TRANSFER INFORMATION

Department Name*	Child Support Services	Budget Transfer Type:	Transfer 1: BoS Approval
Clerk*	William Mattox	Document total*	\$ 209,434
Contact phone*	530-642-7241		

BUDGET TRANSFER HEADER

Prepared date*	01/31/22	Check Applicable* <input checked="" type="checkbox"/> One Time (after Adopted Budget) <input type="checkbox"/> Continuing (include in the Adopted Budget)
Fiscal year	2021-22	
Short Description* <small>(10 characters)</small>	Inc Alloc	
	Legistrar Item Number*	22-0253 2/22/2022
* REQUIRED FIELDS	Project Strings Required	No

By signing this memo I hereby certify that:
1. information herein is true and accurate to the best of my knowledge, 2. I have been delegated signature authority in accordance with County's policies and procedures and 3. all transfers approved on this journal are in compliance with County policies and procedures and any other relevant governmental regulations.

Authorized signature* 

BUDGET TRANSFER JUSTIFICATION AND DESCRIPTION* (will be scanned into FENIX TOM)

Increased allocation from the Department of Child Support Services (DCSS) to cover recent increases to salary and benefits.

FOR AUDITOR'S OFFICE USE ONLY

Audit date:	_____	Budget Transfer number:	_____
Audited by:	_____	Interfaced by:	_____
		Processed on:	_____