

DEPARTMENT: Community Services BY: Mary E. Williams PHONE: 966-5315

RECOMMENDED ACTION AND JUSTIFICATION: Request approval and authorization to transfer funds to cover unexpected increase in training and private vehicle for the Veteran Service Officer. (\$370)

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Board has approved and authorized transfers to cover unexpected increases at year end.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Veteran Office would need to ask for General Contingency if transfer is not authorized from the equipment expenditure line.

| | | |
|---|---------------------|---|
| Financial Impact? <input checked="" type="checkbox"/> Yes () No | Current FY Cost: \$ | Annual Recurring Cost: \$ |
| Budgeted In Current FY? <input checked="" type="checkbox"/> Yes () No () Partially Funded | | |
| Amount in Budget: \$ | | List Attachments, number pages consecutively |
| Additional Funding Needed: \$ 370 | | Fairgrounds Rental Agreement (4 pages) |
| Source: | | Budget Action Form |
| Internal Transfer <input checked="" type="checkbox"/> | | Travel Expense Claim |
| Unanticipated Revenue _____ 4/5's vote | | |
| Transfer Between Funds _____ 4/5's vote | | |
| Contingency _____ 4/5's vote | | |
| () General () Other | | |

CLERK'S USE ONLY:

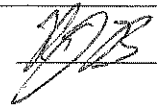
Res. No.: 07-325 Ord. No. _____
 Vote - Ayes: 5 Noes: _____
 Absent: _____
 Approved
 Minute Order Attached () No Action Necessary

The foregoing instrument is a correct copy of the original on file in this office.

Date: _____
 Attest: MARGIE WILLIAMS, Clerk of the Board
 County of Mariposa, State of California
 By: _____
 Deputy

COUNTY ADMINISTRATIVE OFFICER:

Requested Action Recommended
 No Opinion
 Comments:

CAO: 

BUDGET ACTION FORM

| FUND | DEP/DIV | ACCOUNT | DESCRIPTION | PROJECT | INCREASE | DECREASE |
|--------|---------|-----------|---------------------|---------|----------|----------|
| 001 | 0510 | 701.04-80 | Equipment | | | 370 |
| 001 | 0510 | 701.04-90 | Training & Seminars | | 90 | |
| 001 | 0510 | 701.04-91 | Private Vehicle | | 280 | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTALS | | | | | 370 | 370 |

| TRANSFER BETWEEN FUNDS | | | | | DEBIT | CREDIT |
|------------------------|--|--|--|--|-------|--------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTALS | | | | | | 0 |

ACTION REQUESTED: (Check all that apply)

Budget appropriation by Board of Supervisors (4/5ths Vote Required): Amending the total amount available in the county budget, or in any one fund of the budget , or transferring appropriation from Contingencies

Transfer by Board of Supervisors (3/5ths Vote Required): Moving existing appropriations from one budget to another, or between categories within a budget unit;

JUSTIFICATION Transfer savings in equipment to cover increase cost for training and private vehicle

DEPT HEAD SIGNATURE *Mary E. Williams* DATE 06-20-2007
 APPROVED BY RES NO. 07-325 CLERK *mt* DATE 7-10-07

DEPARTMENT _____

| |
|--------------------|
| AUDITOR'S USE ONLY |
| BA # _____ |

**COUNTY OF MARIPOSA
EMPLOYEE TRAVEL EXPENSE CLAIM**

CHECK TO BE MADE PAYABLE TO:
ROBERT JOHNS VENDOR #

ADDRESS: 5253 MONTANA DEL ORO DR., MARIPOSA, CA 95338

Name ROBERT JOHNS Date

Dept VETERANS Title CVSO

Destination KONOCT HORT, KEENEVILLE, CA Departure Date 5/13/2007 Return Date 5/18/2007

Contact Person: ROBERT JOHNS Contact Telephone # (209) 966-3596

Method of Travel () County Car () Private Car () Other-Specify

Reason for Travel

| ADVANCE REQUEST | | PERDIEM | |
|-----------------------|----------|-----------|---------|
| Registration | \$ _____ | Breakfast | \$8.00 |
| Lodging | \$ _____ | Lunch | \$12.00 |
| Train/Bus | \$ _____ | Dinner | \$24.00 |
| Mileage (miles _____) | \$ _____ | Other | _____ |

Total Requested Account No. \$
Advance: Account No. \$

Employee's Signature: _____ Approved
Dept Head Signature: _____

ACTUAL EXPENSE CLAIM - AFTER RETURN FROM TRIP

| | Sun | Mon | Tue | Wed | Thur | Fri | Sat | Totals |
|-----------|-------|-------|-------|-------|-------|-------|-----|----------|
| Breakfast | | 8.00 | 8.00 | 8.00 | 8.00 | 8.00 | | \$ 40.00 |
| Lunch | 12.00 | 12.00 | 12.00 | 12.00 | 12.00 | 12.00 | | \$ 72.00 |
| Dinner | 24.00 | 24.00 | 24.00 | | 24.00 | | | \$ 96.00 |

Non-Over night Meals \$
Registration (receipt required) \$
Lodging (Itemized receipts indicating room rate, tax, etc) \$ 459.80
Mileage 572 miles @ .485/mile \$ 277.42
Parking (receipt required) \$
Bridge (receipt required) \$
Other (Itemized receipts) \$

SUB-TOTAL \$ 945.22
Subtract Prior Advance --\$ 0
GRAND TOTAL \$ 945.22

ACCOUNT NO. 001-0510-701-04-90- \$ 667.80
ACCOUNT NO. 001-0510-701-04-91- \$ 277.42

I certify (or declare) under penalty of perjury that the foregoing claim and items as therein set out are true and correct; that no part thereof has been heretofore paid and that the amount is justly due; and that same is presented within one year after the last item has accrued.

Employee's Signature: _____ Approved
Dept Head Signature: _____

County Counsel's approval of this claim is solely for the purpose of approving conformance to California Government Code, Section 29707

County Counsel _____ Date: _____