

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 Transit drivers.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Board has approved and authorized transfers to cover unexpected increases for required training at year end. Department Head was not aware of the required training until June 15th.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Driver would not be able to drive until the funding and a certified instructor was budget in 07-08.

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: \$ <u>286</u>		Fairgrounds Rental Agreement (4 pages)
Source:		
Internal Transfer <u>X</u>		<u>Budget Action Form</u>
Unanticipated Revenue _____ 4/5's vote		
Transfer Between Funds _____ 4/5's vote		<u>Expense Form 1&2</u>
Contingency _____ 4/5's vote		
() General () Other		

CLERK'S USE ONLY:

Res. No.: 07-328 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: [Signature]

BUDGET ACTION FORM

FUND	DEP/DIV	ACCOUNT	DESCRIPTION	PROJECT	INCREASE	DECREASE
606	0306	601.04-90	Training and Seminar		120	
606	0306	601.04-91	Private Vehicle		166	
606	0306	601.04-32	Small Tools			120
606	0306	306.04-50	County Vheicle Expense			166
TOTALS					286	286

TRANSFER BETWEEN FUNDS					DEBIT	CREDIT
TOTALS					0	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: To cover required Transit training and private vehicle was used for transportation from the Northside.

DEPT HEAD SIGNATURE <i>Mary E. Williams</i>	DATE 7/2/2007
APPROVED BY RES NO. 07-328	CLERK <i>MW</i> DATE 7-10-07

DEPARTMENT	AUDITOR'S USE ONLY BA #
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Jun 29 2007 9:18

SIERRA BUILDING MATERIALS 559-291-1635

p.2

(1)

Melinda Boyd

PO Box 4032
Fresno, CA
93744

Phone: 559-264-2248
mamananama@aol.com

June 28, 2007

Transportation instruction services given to Mariposa Senior Center drivers:

6/25/07

8 hours of instruction @ \$25.00 an hour	\$200.00
Travel costs 150 miles @ \$.40 a mile	\$60.00

6/26/07

8 hours of instruction @ \$25.00 an hour	\$200.00
Travel costs 150 miles @ \$.40 a mile	\$60.00

Total	\$520.00
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Please make check payable to: Melinda Boyd and mail to above address.

Thank you

606-0306-601-04-90 - \$ 520.00

Mary E. Williams

Please pay by fax

Mary E. Williams
(1)

COUNTY OF MARIPOSA
EMPLOYEE TRAVEL EXPENSE CLAIM

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CHECK TO BE MADE PAYABLE TO:
Peggy Wyrick VENDOR # _____
 ADDRESS: 5710 Cuneo Rd Coolerville CA 95311
 Name Peggy Wyrick Date _____
 Dept TRANSPORTATION Title DRIVER
 Destination MARIPOSA Departure Date 6/25/07 Return Date 6/26/07
 Contact Person: _____ Contact Telephone # _____
 Method of Travel () County Car (X) Private Car () Other-Specify _____
 Reason for Travel Bus Training

ADVANCE REQUEST		PERDIEM	
Registration	\$ _____	Breakfast	\$ 8.00
Lodging	\$ _____	Lunch	\$ 12.00
Train/Bus	\$ _____	Dinner	\$ 24.00
Mileage (miles <u>300</u>)	\$ _____	Other	\$ _____

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

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

ACTUAL EXPENSE CLAIM - AFTER RETURN FROM TRIP								
	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Totals
Breakfast								\$ _____
Lunch								\$ _____
Dinner								\$ _____
Non-Over night Meals								\$ _____
Registration (receipt required)								\$ _____
Lodging (itemized receipts indicating room rate, tax, etc)								\$ _____
Mileage <u>15 bus transit Training 300 x .495</u>								\$ 145.50
Parking (receipt required)								\$ _____
Bridge (receipt required)								\$ _____
Other (itemized receipts)								\$ _____
SUB-TOTAL								\$ _____
Subtract Prior Advance								--\$ _____
GRAND TOTAL								\$ 145.50

ACCOUNT NO. 606-0306-601-04 91- \$ 145.50
 ACCOUNT NO. _____ \$ _____

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: [Signature] Approved _____
 Dept Head Signature: Mary E. Williams

County Counsel's approval of this claim is solely for the purpose of approving conformance to California Government Code, Section 29700
 County Counsel _____ Date: _____

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