## COUNTY OF SACRAMENTO

1. REQUEST NUMBER
27-045

## APPROPRIATION ADJUSTMENT REQUESTMENTS

2. Department Name Labor Relations				Department Name (if applicable) 20 3-1241-19 PH 2: 17				
4. REQUEST A	JUSTMENT	OF APPROPR	IATION AS L	ISTED BEL	ow			
	FUND#	INDEX#	ACCOUNT	OUNT ACCOUNT TITLE			AMOUNT	
	OOIA	5980000 79790100 C			ngency	90,249		
					J			
SOURCE OF FINANCING			<u> </u>					
	OCIA	517000	20259100	other	Professional	Services	\$ 90,249	
USE OF FINANCING								
,								
				<u> </u>				
5. JUSTIFICATI	ON (Attach I	Memo if Neces	sary)					
					ard of Su		·	
Department Head				Department Head (if applicable)				
ву:	tere	The	1/-	Date	7 <sup>By:</sup>		Date	
6. ACTION		Dept. Head Appro	val(s) only requir	ed	Auditor-Controller			
		Board Action Reg	• •	-	By: Date			
	$\overline{\nabla}$	Four-Fifths Vote Required			Cunthunk Box 1/Ala-			
					County Executive	A 100 B	1/1/07	
7. APPROVAL	Д	Approve			By: Date			
	ř	Disapprove			Hi y X	Jost 2. Hall		
. RESOLUTION	<u> </u>				1/pa~///	Total Ex. Hall	1/19/2/	
	on by Supervi	sor			, seconded by Super	visor	,	
							ite of	
the foregoing resolution was passed and adopted by the BOARD OF SUPERVISORS of the County of Sacramento, State of California, thisday of19by the following vote, to wit:								
AYES: Supervisors,								
ł	NOES:	Supervisors,	•					
	ABSENT:	Supervisors,						
Donale	ations Norman							
Reson	ution Number				CHAIR OF THE BOARD O	E SUPERVISORS OF		
(SEAL)					SACRAMENTO COUNTY			
ATTEST	:							
		CLERK OF THE B		RVISORS				
stribution White - Board of Supervisors oard of Supervisor Approved) Blue - Department Approved Copy Green - County Executive File Copy					Yellow - Auditor-Controller Approved Copy Pink - Auditor-Controller Control Copy Goldenrod - Department Control Copy			