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? ☑ Yes ( ) No  Current FY Cost: $  Annual Recurring Cost: $
Budgeted In Current FY? (X) Yes ( ) No ( ) Partially Funded
Amount in Budget: $
Additional Funding Needed: $370
Source:
Internal Transfer
Unanticipated Revenue
Transfer Between Funds
Contingency
( ) General ( ) Other

List Attachments, number pages consecutively
Fairgrounds Rental Agreement (1 pages)
TRAVEL EXPENSE CLAIM

CLERK'S USE ONLY:
Res. No. 52-325  Ord. No. _____
Vote – Ayes: ___  Noes: ___
Abst: ___
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: __________

Revised Dec. 2002
## BUDGET ACTION FORM

<table>
<thead>
<tr>
<th>FUND</th>
<th>DEP/DIV</th>
<th>ACCOUNT</th>
<th>DESCRIPTION</th>
<th>PROJECT</th>
<th>INCREASE</th>
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<td>0510</td>
<td>701.04-80</td>
<td>Equipment</td>
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<td>701.04-90</td>
<td>Training &amp; Seminars</td>
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<tr>
<td>001</td>
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<td>Private Vehicle</td>
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| TOTALS | 370 | 370 |

## TRANSFER BETWEEN FUNDS

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<th>ACCOUNT</th>
<th>DEBIT</th>
<th>CREDIT</th>
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</thead>
</table>

| 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

- [X] 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: ______________________ DATE: 06-20-2007

APPROVED BY RES NO. 07-325 CLERK: __________________ DATE: 7-18-07

DEPARTMENT: _____________________________

AUDITOR'S USE ONLY

BA #

Budget Revision Form Revised 07/2000
COUNTY OF MARIPosa
EMPLOYEE TRAVEL EXPENSE CLAIM

CHECK TO BE MADE PAYABLE TO: ROBERT JOHN
VENDOR #

ADDRESS: 6263 MONTANA OC X, MARIPosa, CA 95388

Name ROBERT JOHN
Date

Dept: VETERANS
Title: CUSC

Destination: 6263 MONTANA OC X, MARIPosa, CA
Departure Date: 5/3/2007
Return Date: 5/8/2007

Contact Person: ROBERT JOHN
Contact Telephone #: (209) 966-3842

Method of Travel: ( ) County Car ( ) Private Car ( ) Other-Specify
Reason for Travel:

ADVANCE REQUEST

| Description | Amount
|-------------|--------
| Registration | $      
| Lodging     | $      
| Train/Bus   | $      
| Mileage     | $      |

TOTAL REQUESTED $  
Advance: $  
Account No.  

Employee's Signature:  
Approved:  
Department Signature:  

ACTUAL EXPENSE CLAIM - AFTER RETURN FROM TRIP

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<tr>
<th>Description</th>
<th>Sun</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
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<tbody>
<tr>
<td>Breakfast</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8.00</td>
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<td>40.00</td>
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<tr>
<td>Lunch</td>
<td>12.00</td>
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<tr>
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<td>21.00</td>
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<td></td>
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<td>96.00</td>
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</table>
| Non-Overnight Meals | $  
| Registration  |     |     |     |     |     |     |     |        |
| Lodging (receipt required) | $ 459.80  
| Mileage       | 572 mi. | 9.56 /mi. | $ 277.42 |
| Parking (receipt required) | $  
| Bridge (receipt required) | $  
| Other (receipts) | $  

SUB-TOTAL $ 945.72

Subtract Prior Advance $ 667.80
GRAND TOTAL $ 945.72

I certify (or declare) under penalty of perjury that the foregoing claim and data set forth 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 occurred.

Employee's Signature:  
Date:  

County Counsel Date:  

County Counsel's approval of this claim is solely for the purpose of approving conformance to California Government Code, Section 25707.

Revised: 1/5/2007