DEPARTMENT: Human Services/BHRS

RECOMMENDED ACTION AND JUSTIFICATION:

It is respectfully requested that your Board authorize a $200.00 increase in petty cash for Behavioral Health.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Please see attachment.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Please see attachment.

Financial Impact? ( ) Yes (X) No Current FY Cost: $  Annual Recurring Cost: $
Budgeted In Current FY? ( ) Yes ( ) No ( ) Partially Funded
Amount in Budget: $ Additional Funding Needed: $
Source:
Internal Transfer
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. 4207  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: __________________________

Revised Dec. 2002
October 13, 2004

TO: Members; Board of Supervisors
   Rich Inman, CAO
FROM: Cheryle Rutherford-Kelly
RE: Behavioral Health Petty Cash

Recommendation

It is respectfully requested that your Board authorize a $200.00 increase in petty cash for Behavioral Health.

Background/Current Situation

The current petty cash amount of $100.00 is not sufficient to cover the current level of transactions occurring in Behavioral Health. At this time the department is requesting a replenishment of petty cash on a bi-weekly basis. Every attempt is being made to keep petty cash transactions to a minimum. However, the nature of the services requires access to a petty cash fund. There have also been occasions where more than $100.00 was needed and other arrangements had to be made for payment at the expense of the employee.

Financial

The additional $200.00 needed for the petty cash fund will be expensed to Mental Health budget unit 0402 and Alcohol & Drug unit 0403 office expense line item 04-17. There is no impact to general fund dollars.
MARIPOSA COUNTY

CLAIM FORM

Dept. Human Services/BHRS

DIRECTIONS: Claims must be properly itemized, giving name, date, particular services rendered, character of process served and upon whom, giving distances traveled, whereto and wherefrom, character of work done, number of days engaged, material furnished and quantity, and unit process paid therefore. Gov't. Code Section 29700.

No claims can be audited or allowed unless or until these requirements have been complied with.

Demand of: Cheryle Rutherford-Kelly
Address: Petty Cash

Vendor #

On the Treasurer of MARIPOSA COUNTY, State of Ca.

<table>
<thead>
<tr>
<th>DATE</th>
<th>ITEMS/DESCRIPTIONS OF SERVICES</th>
<th>AMOUNT</th>
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<tbody>
<tr>
<td>10/7/2004</td>
<td>Increase Petty Cash Fund</td>
<td>200.00</td>
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TOTAL CLAIM SUBMITTED: 200.00

Caution: Read before signing: You are signing under penalty of perjury.

STATE OF CALIFORNIA )

ss.

COUNTY OF MARIPOSA )

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 us justly due; and that same is presented within one year after the last item has accrued.

Date: 10/7/2004

Expenditures Authorized & Approved by: [Signature of Department Head]

<table>
<thead>
<tr>
<th>Department:</th>
<th>Human Services/BHRS</th>
<th>Project (if applicable)</th>
<th>Amount</th>
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<td>100.00</td>
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<tr>
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<td>001-0402-623.0417</td>
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<td>100.00</td>
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