DEPARTMENT: Treas. Tax Collector

BY: Marjorie Wass

PHONE: 966-2621

RECOMMENDED ACTION AND JUSTIFICATION:
Approve Budget Action transferring funds from Tax Collectors Trust to Tax Collector Extra Help ($933). This transfer will replace funds used to cover for an employee who was out during the December collection period for an emergency medical leave.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
The Board has approved the use of the Tax Collector Trust funds in the past to cover Extra Help during the December – April tax collection periods.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Financial Impact? ( ) Yes (X) No  Current FY Cost: $  Annual Recurring Cost: $
Budgeted In Current FY? ( ) Yes ( ) No (X) Partially Funded
Amount in Budget: $20
Additional Funding Needed: $933

Source: Internal Transfer
Unanticipated Revenue ( ) 4/5's vote
Transfer Between Funds X 4/5's vote
Contingency ( ) General ( ) Other

CLERK'S USE ONLY:
Res. No. 02-53  Ord. No. ___
Vote - Ayes: ___  Noes: ___
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

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<th>PROJECT</th>
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**TOTALS**

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**TOTALS** 933 933

**ACTION REQUESTED:** (Check all that apply)

( X ) 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 funds expended for an emergency medical leave.

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**DEPT HEAD SIGNATURE** [Signature]

**DATE** 1-30-04

**APPROVED BY RES NO.** 04-53

**CLERK** [Signature]

**DATE** 2-10-04

**DEPARTMENT** Treas. Tax Collector

**AUDITOR'S USE ONLY**

BA #

Budget Revision Form Revised 07/2000

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Tax Coll BAF 2-10-04