

(Forward original to The Controller-Treasurer Department)

For
Controller's
Office

Agency/Department Name: **Social Services Agency**

Line #	Description	Fund	Superior Fd Cntr	Cost Center	G.L. Account	Project Definition/ Employee Class	Amount (in Dollars)	
							Revenue	Expenditure
1	State-CalWORKs Substance Abuse	0001	0501	5207	4405080		398,661.00	
2	Special Department Expense	0001	0501	5207	5280000			398,661.00
3	Salaries w/out Benefits	0001	0412	4496	5102000			14,209.00
4	Reimbursement	0001	0412	4496	5440200			(14,209.00)
5	Services and Supplies - Other	0001	0417	4600	5350400			51,387.00
6	Reimbursement	0001	0417	4600	5440200			(51,387.00)
7	Professional Services	0001	0417	4675	5255100			70,000.00
8	Contract Services	0001	0417	4675	5255500			263,065.00
9	Reimbursement	0001	0417	4675	5440200			(333,065.00)
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23	Transfer from trust fund (Fund # _____)							
24	Transfer from fund balance (Fund # _____)							
25	Others - Describe:							
26								
27	Total forwarded from other pages (Page _____ to _____)							
TOTAL							398,661.00	398,661.00

Use
Only

REASON FOR REQUEST: (Require to check one and indicate brief description)

- Recognize new expenditure/revenue (ongoing)
- Recognize new expenditure/revenue (one-time)
- Re-appropriate prior year unspent expenditures (one-time)
- Others:

SSA Approval: 
 Sandra Dalida, Chief Financial Officer

Date Approved by SSA: April 30, 2009

Brief Description: Recognize additional ongoing CalWORKs Mental Health and Substance Abuse revenue and expenditures.

SAP Document numbers FM _____ Entered to SAP by: _____ Date entered: _____ Transmittal #185	Prepared By : Name (print): <u>Alfredo Nevius</u> Telephone: (408) 491-6769 <hr/> Clerk of the Board Approved by the Board of Supervisors Clerk of the Board By: _____ Date: _____
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