

For
 Controller's
 Office
 Use
 Only

Agency/Department Name: **COB/ISD**

Line #	Description	Fund	Superior Fd Cntr	Cost Center	G.L. Account	Project Definition/ Employee Class	Amount (in Dollars)		
							Revenue	Expenditure	
1	Contingency Reserve	0001	0910	1010	5701000			(632,000.00)	
2	MAC to PC Conversion	0001	0106	1106	5275200			154,000.00	
3	Sr. Business IT Consultant-U FY10	0001	0106	1106	5255650			120,000.00	
4	Sr. Business IT Consultant-U FY10	0074	0145	2631	5108600			120,000.00	
5	Other Charges for Svc - ISD	0074	0145	2611	4727100		120,000.00		
6	Conflict of Interest Form - Software	0001	0106	1106	5250800			108,000.00	
7	Consulting Services for Records Mgt	0001	0106	1106	5255100			250,000.00	
8									
9									
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							120000.00	120000.00	

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
 Brief Description: Funding needed to address business and technical needs for COB Office.

SAP Document numbers		Prepared By :	
FM _____		Name (print): Cherie Krause Telephone: 918-7019	
Entered to SAP by: _____			
Date entered : _____		Clerk of the Board	
Transmittal # 081		Approved by the Board of Supervisors	
		Clerk of the Board By: _____ Date _____	