

**BUDGET ADJUSTMENT REQUEST**  
**Increase/Decrease Between Expenses**  
**Increase/Decrease Between Revenues**

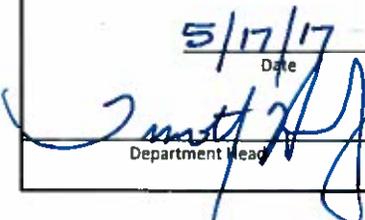
Fiscal Year: **2016-2017**

Date: 05/16/17  
 Division: Napa Sanitation District  
 Prepared By: Cyndi Bolden  
 Phone: 707.258.6001

Board # (If Appl): N/A  
 Budget Journal ID: NSD012  
 Journal Entry ID: \_\_\_\_\_  
 Date Posted: \_\_\_\_\_

Fund	Sub-Division	Account	Program	Descriptions	Increase	Decrease
7800	7810000	55500	13705	I&I Reduction Program	24,000.00	
7800	7810000	55500	16701	Basin L - I&I Reduction #5		24,000.00
<b>Adjustment Totals</b>					<b>24,000.00</b>	<b>24,000.00</b>

Justification: To increase the budget for the I&I Reduction Program (CIP 13705) due to the budget not including in-house staff labor for the FY 16-17 project management of the program.

Department Authorization	Auditor/Controller	CEO's Recommendation	Board of Supervisor's Action
Budget Adjustment and Related Journal Entry, if applicable, reviewed and approved.  <u>5/17/17</u> Date  Department Head	Budget Adjustment and Related Journal Entry, if applicable, approved as to Accounting Form.  _____ Date Auditor-Controller	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove _____ Date Budget Adjustment is in Accordance with Board Resolution 03-112 ( >\$10,000 ) _____ Date County Executive Officer	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove _____ Date _____ Date Agenda Item _____ Date Clerk of the Board of Supervisors

