

City of Angels Camp

Budget Adjustment Request

Department: Building & Planning/Fire

Date: 8/7/2024

Account Number	Account Description	Previous Budget Balance	Change Request Amount: Expense Inc/(Dec), Revenue (Inc)/Dec	New Budget Balance DB/(CR)
010-4000-50000-0000	Salaries	\$ 56,170.00	\$ 110,989.00	\$ 167,159.00
010-4000-50020-0000	Medicare	\$ 839.00	\$ 1,610.00	\$ 2,449.00
010-4000-50021-0000	FICA	\$ 3,587.00	\$ 6,881.00	\$ 10,468.00
010-4000-50036-0000	SUI	\$ 420.00	\$ 420.00	\$ 840.00
010-4000-50025-0000	Health Insurance	\$ 19,760.00	\$ 24,151.00	\$ 43,911.00
010-4000-50026-0000	Dental Insurance	\$ 1,122.00	\$ 1,712.00	\$ 2,834.00
010-4000-50027-0000	Vision Insurance	\$ 226.00	\$ 2,098.00	\$ 2,324.00
010-4000-50028-0000	PERS	\$ 9,266.74	\$ 8,735.00	\$ 18,001.74
010-4000-50029-0000	LT Disability	\$ 411.00	\$ 788.00	\$ 1,199.00
010-4000-50034-0000	Cell Allowance	\$ 240.00	\$ 240.00	\$ 480.00
010-4000-50037-0000	Life Insurance	\$ 58.00	\$ 58.00	\$ 116.00
010-4000-50038-0000	PERSUL	\$ 136.67	\$ 500.00	\$ 636.67
010-4000-50302-0000	Training & Travel	\$ 2,500.00	\$ 9,820.00	\$ 12,320.00
010-4000-50350-0000	Workers Comp	\$ 1,042.00	\$ 1,998.00	\$ 3,040.00
010-4000-50081-0000	Outside Consultant	\$ 360,000.00	\$ (136,000.00)	\$ 224,000.00
010-4000-50366-0000	Code Enforcement	\$ 41,600.00	\$ (34,000.00)	\$ 7,600.00
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
Total*			\$ -	

Justification:

Resolution No. 24-61 Cost-Neutral Budget Adjustment transferring \$170,000 from Consultants to Salaries and Benefits

Authorizations:

Department Manager _____

Date: _____

Finance Director: _____

Date: _____

Administrator:** _____

Date: _____

Entered into System by: _____

Date: _____

*Total must be zero unless additional budget authorization given by Council.
 **Administrator must approve all budget adjustments not authorized by Council.