



CITY OF ESCONDIDO
BUDGET ADJUSTMENT REQUEST

Date of Request: 1/25/2022_____

Department: Finance_____

Division: _____

Project/Budget Manager: Christina Holmes 4620
Name Extension

Council Date (if applicable): 02/02/2022_____ (attach copy of staff report)

For Finance Use Only

Log # _____

Fiscal Year 2022
ear

_____ Budget Balances
_____ General Fund Accts
_____ Revenue
_____ Interfund Transfers
_____ Fund Balance

Project/Account Description	Account Number	Amount of Increase	Amount of Decrease
Fire Assistance Reimbursement	4256-001-000	\$1,056,680	
Overtime	5020-001-600	976,400	
Supplies	5101-001-600	530	
Gas	5111-001-600	1,950	
Misc. Motive	5118-001-600	10,700	
Training & Meetings	5160-001-600	2,100	
Transfers Out	5999-001-000	65,000	
Transfers In	4999-653-000	65,000	
Motive Equipment	5208-653-715	65,000	
Sales Tax Revenue	4001-001-000	4,200,000	
Professional Services	5131-001-600	40,000	
Reimbursement from Outside Agencies	4370-555-000	61,670	
Temporary Part-Time	5004-555-414	50,930	
Other Employee Overhead	5025-555-414	1,740	
PERS-Normal Cost	5026-555-414	5,630	
Workers' Compensation	5028-555-414	3,370	
Adult Literacy Services	401-409102-25010	51,880	
Family Literacy Services	401-409102-25018	32,400	
FY20201/22 California Literacy Services – Adult Literacy	4112-401-25010	51,880	
FY20201/22 California Literacy Services – Family Literacy	4112-401-25018	32,400	

Explanation of Request:

Mid-Year Budget Adjustment to amend the FY2021/22 operating and capital project budgets.
All budget adjustments have a funding source.

APPROVALS

	DocuSigned by: <i>Christina Holmes</i>	1/25/2022		
Department Head	<small>C0C8E98A934247C... DocuSigned by:</small>	Date	City Manager	Date
Finance	<small>F22DD68BFC2B4F3... DocuSigned by:</small>	1/25/2022 Date	City Clerk	Date

Distribution (after approval):

Original: Finance