

**BOARD OF SUPERVISORS  
COUNTY OF MADISON**

**PROPOSED SUPPLEMENTAL APPROPRIATION**

**DATE:** 5/14/2019

**FY2019**

Type of Supplement	
<input type="checkbox"/>	Interdepartmental transfer (same fund)
<input type="checkbox"/>	Interfund transfer
<input checked="" type="checkbox"/>	Revenue/Expense offset
<input type="checkbox"/>	Use of contingency
<input type="checkbox"/>	Other use of fund balance not in original budget

**PURPOSE:** To appropriate additional funds to Commonwealth's Attorney Office for reimbursement received for C/W Attorney Spring 2019 Institute.

GL Account Reference	Account type	Fund Name	Department	Object Code/Source	Debit	Credit
10-180301	Rev	GF	n/a	Rebates & Refunds		1,304.62
10-02-22-22100-5510	EXP	GF	Commonwealth's Attorney	Mileage	411.80	
10-02-22-22100-5530	EXP	GF	Commonwealth's Attorney	Lodging	892.82	

1,304.62	1,304.62
<u>1,304.62</u>	

**Amount for Board to vote on  
General Fund**

Note: A debit charged to a budgeted expense line increases the appropriated expense; a credit charged to a budgeted expense line item decreases the appropriated expense. A credit charged to a budgeted revenue line item increases the anticipated revenue available.

Upon approval by the Board of Supervisors, the County Administrator shall forward a signed copy of the proposed supplemental appropriation to the County Finance Director.

  
\_\_\_\_\_  
Jack Hobos, County Administrator

5/15/2019  
\_\_\_\_\_  
Date

TRANSMISSION VERIFICATION REPORT

TIME : 04/11/2019 15:42  
NAME : MADISON COUNTY CA  
FAX : 15409487025  
TEL : 15409487000  
SER. # : U63274D3J390791

DATE, TIME 04/11 15:41  
FAX NO./NAME 17572537159  
DURATION 00:00:27  
PAGE(S) 02  
RESULT OK  
MODE STANDARD  
ECM

Reimbursement Request 2019 Spring Institute

DEADLINE MAY 10, 2019

Requested by (Jurisdiction):

Madison

Total Reimbursement Requested:

\$1,304.62

(Total will autofill based on input on Detail Page)

I hereby certify that the Madison Commonwealth's Attorney's Office accepts responsibility for the accurate and timely compilation of 2019 Spring Institute expenses to be reimbursed by the Commonwealth's Attorneys' Services Council (CASC). I certify that the data provided on the attached form are true and accurate in all material respects and only include expenses related to attendance of office personnel at CASC's 2019 Spring Institute. Internal controls of the Madison Commonwealth's Attorney's Office adequately provide assurance as to the proper recording of these transactions.

Signature:



Name:

Vanessa T. Berg

Title:

USA

Jurisdiction:

Madison

Date:

4/11/19

# Commonwealth of Virginia

## EDI Remittance Detail

Total Amount: 1,304.62

Deposit Date: 04/19/2019

Trace Number 81067827

Agy No	Amount	Offset Amount	Invoice Number	Invoice Date	Customer Number	Voucher Number	Description
957	1,304.62	0.00	2019 SI Madi	04/11/2019		00002346	Commonwealth's Attorne
Tot 957	1,304.62						

10-180301 - Rebate Refund