

**COUNTY OF SAN BENITO  
BUDGET ADJUSTMENT/TRANSFER**

Please Indicate Type:

Fiscal Year: FY2016-17  
Department: Probation Department  
Org Key: 1215

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**Appropriation/Est. Revenue Increase**  
(Requires 4/5 Board of Supervisors Approval)

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**Contingency Transfer**

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(Requires 4/5 Board of Supervisors Approval)  
**Interdepartmental Transfer or  
Interobject Transfer >\$25,000**

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(Requires Board of Supervisors Approval)  
**Interobject Transfer <\$25,000**

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(Requires Admin. and Auditor Approval)  
**Intraobject Transfer**  
(Requires Auditor Approval)

<u>Org Key:</u>	<u>Object No:</u>	<u>Description</u>	<u>Decrease/ Rev. Increase</u>	<u>Increase</u>
101.50.1215.1000.590.001		Transfer-in interfund	\$ 50,000.00	\$ -
			\$ -	\$ -
101.50.1215.1000.619.222		Service and supplies - other consultants	\$ -	\$ 50,000.00
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
<b>Total</b>			\$ 50,000.00	\$ 50,000.00

Comments: Offset expense of the Parenting and Family Counseling Project provided by Youth Alliance for Fiscal Year 2016-17  
Transfer in from AB109 Funding. (411.15.4040.1000.670.000)

Submitted:  R. Ted Baraan  
Department Head/Authorized Signature

1-Aug-16  
Date

Verification of  
Sufficient Funds:   
Auditor-Controller

August 2, 2016  
Date

Approval: \_\_\_\_\_  
Administrative Officer

\_\_\_\_\_  
Date

**Approval by Board of Supervisors**

\_\_\_\_\_  
Date

Attested:  
Clerk of the Board: \_\_\_\_\_

Vote: \_\_\_\_\_ Yes \_\_\_\_\_ No

**AUDITOR USE ONLY**

Budget Adjustment No. \_\_\_\_\_

Date Batch Input Completed \_\_\_\_\_

By: \_\_\_\_\_