

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

Please Indicate Type:

Fiscal Year: FY 15/16
Department: OES
Org Key: 1045

- ☐ **Appropriation/Est. Revenue Increase**
(Requires 4/5 Board of Supervisors Approval)
☐ **Contingency Transfer**
(Requires 4/5 Board of Supervisors Approval)
☒ **Interdepartmental Transfer or Interobject Transfer >\$25,000**
(Requires Board of Supervisors Approval)
☐ **Interobject Transfer <\$25,000**
(Requires Admin. and Auditor Approval)
☐ **Intraobject Transfer**
(Requires Auditor Approval)

LOGOS #	Description	Exp. Decrease/ Rev. Increase	Exp. Increase Rev. Decrease
101.15.1045.1000.619.250			\$ 34,577
101.15.1045.1000.590.888		\$34,577	
227.80.2475.1000.619.250			34,577
227.80.2475.1000.670.000			34,577
Total		\$ 34,577	\$ 103,731

Comments: TRANSFER FUNDS FROM EMS TO REIMBURESE OES FOR PURCHASE OF VEHICLE.

Submitted: [Signature] 6/6/16
Department Head/Authorized Signature Date
Verification of Sufficient Funds: [Signature] 6/6/16
Auditor-Controller Date
Approval: [Signature] 6/6/16
Administrative Officer Date

Approval by Board of Supervisors
Attested: _____
Clerk of the Board: _____
Vote: _____ Yes _____ No

AUDITOR USE ONLY	
Budget Adjustment No: _____	
Date Batch Input Completed: _____	By: _____