COUNTY OF SAN BENITO BUDGET ADJUSTMENT/TRANSFER

			Please Inc	Please Indicate Type:		
Fiscal Year: Department: Org Key:	2016 - 2017 Health & Human S CSWD	ervices		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		
	GOS#	Description		(Requires Auditor Approval) Exp. Decrease/ Rev. Increase	Exp. Increase Rev. Decrease	
240.80.2555.2695.5		Misc Revenue Salary & Benefits Misc		19,486	6,346	
240.80.2555.2695.6		Travel/Training			140	
240.80.2555.2695.6		Other Community Programs			13,000	
Total				\$ 19,486	\$ 19,486	
Comments:	Pre-Appreenticeshi	p Training Impementation Grant				
	<u>.</u>					
Submitted: Verification of Sufficient Funds:	Department Head/Authorized Signature cation of			01/09/2017 Date 1/09/E) Dake		
Approval:	Administrative C	Officer		Date	= 3	
Approval by Bos	ard of Supervisor	s		Date	-	
Attested: Clerk of the Board:				Vote: Yes	No	
AUDITOR USE C	DNLY					
Budget Adjustme	ent No:					
Date Batch Input	Completed:		Ву:			