

Please Indicate Type:

<input type="checkbox"/>	Appropriation/Est. Revenue Increase (Requires 4/5 Board of Supervisors Approval)
<input type="checkbox"/>	Contingency Transfer (Requires 4/5 Board of Supervisors Approval)
<input type="checkbox"/>	Interdepartmental Transfer or Interobject Transfer >\$25,000 (Requires Board of Supervisors Approval)
<input type="checkbox"/>	Interobject Transfer <\$25,000 (Requires Admin. and Auditor Approval)
<input type="checkbox"/>	Intraobject Transfer (Requires Auditor Approval)

Comments:	Pre-Apprenticeship Training Implementation Grant

Approval by Board of Supervisors

Attested: _____ Date _____

Clerk of the Board: _____ Vote: _____ Yes _____ No _____

Budget Adjustment No: _____

Date Batch Input Completed: _____ By: _____