

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

Please Indicate Type:

Fiscal Year: _____

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Appropriation/Est. Revenue Increase

(Requires 4/5 Board of Supervisors Approval)

Department: _____

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Contingency Transfer

(Requires 4/5 Board of Supervisors Approval)

Org Key: _____

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**Interdepartmental Transfer or
Interobject Transfer >\$25,000**

(Requires Board of Supervisors Approval)

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Interobject Transfer <\$25,000

(Requires Admin. and Auditor Approval)

Appropriation Increases:

Org Key:	Object No:	Description	Revenues	Expenditures
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total			\$ _____	\$ _____

Transfers of Existing Appropriations:

Org Key:	Object No:	Description	From	To
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total			\$ _____	\$ _____

Comments:

Submitted:

Department Head/Authorized Signature _____

Date _____

Verification of
Sufficient Funds:

Auditor-Controller _____

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: _____