

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

Please Indicate Type:

Fiscal Year: 2016 - 2017

Department: Health & Human Services

Org Key: _____

- ☐ **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
101.00.1325.1000.999.901	Contingency	108,430	
300.70.3500.1302.650.205	Fixed assests		108,430
300.70.3500.1302.590.001	Transfer In	108,430	
101.00.1325.1000.670.000	Transfer Out		108,430
Total		\$ -	\$ -

Comments: Project numbers will be assigned when approved. This is a loan from the General Fund and will be repaid by Migrant Center fund 256 through a transfer in fiscal year 2017 - 2018. Sewer Repair is \$39,160 and the Slurry Seal repair is \$69,270

Submitted: Cynthia Larca 02/13/2017
Department Head/Authorized Signature Date

Verification of Sufficient Funds: Joe Paul Gentry 2/13/2017
Auditor-Controller Date

Approval: _____
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: _____