COUNTY OF SAN BENITO
BUDGET ADJUSTMENT/TRANSFER

Please Indicate Type:

Fiscal Year: 2017-2018

Department: Health & Human Services

Org Key: Public Health - Tobacco

☐	**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)
X	**Intraobject Transfer** (Requires Auditor Approval)

LOGOS #	Description	Exp. Decrease/ Rev. Increase	Exp. Increase Rev. Decrease
224.80.2380.1000.610.905	Salary and Benefits Force Labor	44,782	
224.80.2380.1000.619.174	Services and Supplies Office Supplies	3,884	
224.80.2380.1000.619.194	Services and Supplies Training	2,000	
224.80.2380.1000.619.196	Services and Supplies Lodging	1,000	
224.80.2380.1000.619.200	Services and Supplies Transportation	1,012	
224.80.2380.1000.619.224	Services and Supplies Outside Labor	25,135	
224.80.2380.1000.619.132	Services and Supplies Communications		1,220
224.80.2380.1000.619.186	Services and Supplies Lease/Rent-Structures		5,000
224.80.2380.1000.619.202	Services and Supplies Gas and Oil		500
224.80.2380.1000.619.204	Services and Supplies Repairs		500
224.80.2380.1000.619.222	Services and Supplies Other Consultants		53,100
224.80.2380.1000.630.110	Other Charges Program Supplies		17,493

Total $ 77,813 $ 77,813

Comments: Tobacco Budget FY1718 Reallocation of the expense categories according to the State budget approved.

Submitted: *Cynthia Larca* 03/09/18
Department Head/Authorized Signature   Date

Verification of Sufficient Funds: *Leann Godinez*
Auditor-Controller   Date 3/15/18

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: _____ By: _____