

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

Please Indicate Type:

Fiscal Year: 2018-2019
 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)
- Intraobject Transfer**
(Requires Auditor Approval)

LOGOS #	Description	Exp. Decrease/	Exp. Increase
		Rev. Increase	Rev. Decrease
224.80.2380.1000.610.905	Salary and Benefits Force Labor		20,544
224.80.2380.1000.619.132	Services and Supplies Communications		2,500
224.80.2380.1000.619.170	Services and Supplies Office Equipment under \$5,000		3,850
224.80.2380.1000.619.186	Services and Supplies Lease/Rent-Structures		4,123
224.80.2380.1000.619.194	Services and Supplies Training		3,000
224.80.2380.1000.619.196	Services and Supplies Lodging		3,000
224.80.2380.1000.619.198	Services and Supplies Meals		1,000
224.80.2380.1000.619.200	Services and Supplies Transportation		2,000
224.80.2380.1000.619.222	Services and Supplies Other Consultants		60,000
224.80.2380.1000.630.110	Other Charges Program Supplies		20,882
224.80.2380.1000.649.101	Other Charges Cost Plan		5,000
Total		\$ -	\$ 125,899

Comments: Tobacco Budget FY1819 Allocation of carry forward funds approved by the State from FY1718.
Using fund balance. Tobacco program revenue is recorded in 435 fund and transfer to 224 fund at the end of the FY.
Prop. 99 and Prop 56.

Submitted: Cynthia Larca Department Head/Authorized Signature Date: 01/28/19
 Verification of Sufficient Funds: [Signature] Auditor-Controller Date: 1/28-19
 Approval: [Signature] Administrative Officer Date: 1/28/19

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: _____