COUNTY OF SAN BENITO BUDGET ADJUSTMENT/TRANSFER

				Please	Please Indicate Type:				
Fiscal Year: Department: Org Key:					(Requ Con (Requ Intel (Requ Intel (Requ Intra	propriation/E uires 4/5 Board tingency Tr uires 4/5 Board rdepartmen robject Trar uires Board of S robject Trar uires Admin. an aobject Trar uires Auditor Ap	of Supervisor ransfer of Supervisor stal Trans nsfer>\$25 Supervisors / nsfer<\$25 d Auditor Ap	ors Approval) fer or 5,000 Approval) 6,000	
						Exp. Decre		Exp. Increase	
LOG	GOS #		Description			Rev. Incre	ase	Rev. Decrease	
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-					<u> </u>				
Total						\$		\$ -	
Comments:									
Submitted:								-	
Verification of	Department Head/Au	thorized Signature				Date			
Sufficient Funds:									
	Auditor-Controller					Date		•	
Approval:									
, ipprovui.	Administrative Office	r				Date		-	
Approval by Board of Supervisors					-	Date		-	
Attested:									
Clerk of the Board	d:					Vote:	Yes _	No	
AUDITOR USE O	DNLY								
Dudget Adiostoce	mt No.								
Budget Adjustme									
Date Batch Input Completed:				Ву:					