

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

Please Indicate Type:

Fiscal Year: FY 18/19  
 Department: Probation Department  
 Org Key: 4040 - AB109

- 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
411.15.4040	Fund Balance - AB109		
411.15.4040.1000.670.000	Transfer Out - Interfund		\$16,800
101.50.1215.1000.590.001	Transfer In - Youth Alliance	\$16,800.00	
101.50.1215..1000.619.250	Youth Alliance		\$16,800.00
411.15.4040.1000.670.000	Transfer Out - Inter-fund		\$36,000
230.90.2540.1000.550.208	Behavioral Health	\$36,000	
SP 230.90.2540.1000.630.116	Care and Support - Other Charges		\$36,000
<b>Total</b>		<b>\$ 52,800.00</b>	<b>\$ 105,600.00</b>

Comments: Transfer from AB109 one time funding

Submitted: [Signature] 2/6/19  
 Department Head/Authorized Signature Date  
 Verification of Sufficient Funds: [Signature] 3/5/19  
 Auditor-Controller Date  
 Approval: [Signature] 3/11/19  
 Administrative Officer Date

Approval by Board of Supervisors

Attested: \_\_\_\_\_ Date \_\_\_\_\_  
 Clerk of the Board: \_\_\_\_\_ Vote: \_\_\_\_\_ Yes \_\_\_\_\_ No

**AUDITOR USE ONLY**

Budget Adjustment No: \_\_\_\_\_

Date Batch Input Completed: \_\_\_\_\_ By: \_\_\_\_\_