## COUNTY OF SAN BENITO BUDGET ADJUSTMENT/TRANSFER

				Please Indicate Type:		
Fiscal Year:	2017-2018			X Appropriation/Est. Revenue Increase		
Department:	Health & Human Services				(Requires 4/5 Board of Supervisors Approval)  Contingency Transfer	
Org Key:	CSWD NOVA 240.80.2555.2600				(Requires 4/5 Board of Supervisors Approval) Interdepartmental Transfer or Interobject Transfer>\$25,000	
				F	(Requires Board of Superviso	rs Approval)
					Interobject Transfer<\$ (Requires Admin. and Auditor	
					Intraobject Transfer	Approvary
					(Requires Auditor Approval)	
LOC	GOS#		Description		Exp. Decrease/ Rev. Increase	Exp. Increase
240.80.2555.2600.5	THE PARTY OF THE P	Grant Revenue			25,421	
240.80.2555.2600.610.905		Force Labor				9,420
240.80.2555.2600.6	19.194	Training	<del></del>			16,001
		-				
						+
		-				
						WIII
		7	***			
		-				
Total					\$ 25,421	\$ 25,421
Comments:	Slingshot 2.0 NOVA	Grant		6.0000000 Table 1		
Submitted:	Cynthia Larca				05/30/2019	
oublineted.	Department Head/Authorized Signature				Date	-
Verification of	0	UI-			1 1	
Sufficient Funds:	Leann	Dallie	>		5/30/19	<u> </u>
	Auditor-Controlle	r	)		Date	
Approval:						
1.	Administrative Of	ficer			Date	-2
Approval by Boar	rd of Supervisors				Date	_
Attested:					Date	
Clerk of the Board					Vote: Yes	No
AUDITOR USE ON	NLY					
Budget Adjustmen	t No:					
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