COUNTY OF SAN BENITO BUDGET ADJUSTMENT/TRANSFER

				Please Indicate Type:		
Fiscal Year: Department: Org Key:	2019-2020 Health & Human Se CSWD 240.80.2555			×	Appropriation/Est. Rev (Requires 4/5 Board of Super) Contingency Transfer (Requires 4/5 Board of Super) Interdepartmental Tran Interobject Transfer>\$: (Requires Board of Supervisor Interobject Transfer<\$: (Requires Admin. and Auditor Intraobject Transfer (Requires Auditor Approval)	isors Approval) isors Approval) isfer or 25,000 s Approval) 25,000
LOC 240.80.2555.2760.5	GOS #	Aid From Federal Grants	Description		Exp. Decrease/ Rev. Increase 12,902	Exp. Increase Rev. Decrease
240.80.2555.2760.630.114		Utility Assistance		-	12,502	12,902
						-
		-				-
		-				
		- 1				
		-				***************************************
		-0.0			-	N a
Total					\$ 12,902	\$ 12,902
Comments:	DAP grant agreeme	nt 20D-1029				
Submitted:	Cyathia Larca Department Head	d/Authorized Signature			10/03/2019 Date	_
Verification of Sufficient Funds:	Louis	Und. 7			10/16/19	
Sufficient runus.	Auditor-Controlle	er			Date	-
	1-	200			10/28/19	a
Approval:	Administrative O	fficer			70/28/1 Date	1
Approval by Board of Supervisors					Date	- 1
Attested:				Date		
Clerk of the Board	l:				Vote:Yes	No
AUDITOR USE O	NLY					
Budget Adjustme	nt No:					
Date Batch Input	Completed:			Ву:		