

COUNTY OF SANTA CRUZ
 REQUEST FOR TRANSFER OR REVISION
 OF BUDGET APPROPRIATIONS AND / OR FUNDS

Department: _____ **Date:** _____
Fund No. _____
TO: Board of Supervisors
Requires 4/5 vote:

I hereby request your approval of the following transfer of budget appropriations and/or funds in the fiscal year ending - June 30, 2019

AUDITORS USE ONLY	
DOCUMENT #	AMOUNT

Batch #	
Date	Keyed By:

TRANSFER		GL KEY	OBJECT	JL CODE	Amount	Account Description

Explanation:

Name X _____ Title _____

Auditor-Controller's Action: I hereby certify that unencumbered balance(s) is/are available in the appropriations/funds and in the amounts indicated above.

Auditor-Controller, by _____ Deputy Date _____

Administrative Officer's Action: () Recommended to Board () Approved () Not Recommended or Approved

Administrative Officer _____ Date _____

State of California } ss. As the Clerk of the Board of Supervisors of the County of Santa Cruz, I do hereby certify that the foregoing request for transfer was approved by said Board of Supervisors as recommended by the County Administrative Officer by an order duly entered in the minutes of said Board on

County of Santa Cruz _____ 20____, By _____, Deputy Clerk

(A-C) * Decs: _____ Item _____ - Budget Transfer

Distribution: BRD. NAME AGENDA DATE Item No.