

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

Department: _____
Fund Number: _____
To: _____
Requires 4/5 vote: _____

Date: _____

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

AUDITOR-CONTROLLER USE ONLY			
Document #: _____			
Description: _____ / _____ / _____ # _____			
Board Name	Agenda Date (mm/dd/yy)	Item No.	
Entered by: _____		Date: _____	

		GL Key	GL Object	JL Key	JL Object	Amount	Account Description
TRANSFER	To						
	From						

Explanation:

Name: _____ Title: _____ Date: _____

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

Auditor-Controller, by _____, Deputy Date: _____

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

Administrative Officer _____ Date: _____

State of California }
County of Santa Cruz } ss. As the Clerk of the Board of Supervisors of the County of Santa Cruz, I do hereby certify that the foregoing 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

_____ 20____, by _____, Deputy Clerk