

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

Department: \_\_\_\_\_

Date: \_\_\_\_\_

TO: Board of Supervisors / County Administrative Officer / District Board

I hereby request your approval of the following transfer of budget appropriations and/or funds in the fiscal year ending June 30, 20\_\_\_\_\_

AUDITORS USE ONLY			
DOCUMENT #	AMOUNT	L/N	T/C HASH
JE 6			

BATCH #	
DATE	Keyed By:

		T/C	INDEX	SUBJECT	USER CODE	AMOUNT	ACCOUNT DESCRIPTION *
TRANSFER	TO	0, 2, 1					
	FROM	0, 2, 2					

Explanation:

Name \_\_\_\_\_ 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 \_\_\_\_\_

**County Administrative Officer's Action:** | | Recommended to Board | | Approved | | Not Recommended or Approved

County 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**  
**County of Santa Cruz} duly entered in the minutes of said Board on**

\_\_\_\_\_, 19\_\_\_\_, By \_\_\_\_\_, Deputy Clerk

(A-C)\* Desc: \_\_\_\_\_ Item: \_\_\_\_\_ - Budget Transfer

A-C Review		

Distribution: BRD. NAME AGENDA DATE ITEM NO.  
 White-Board of Supervisors Green-County Administrative Officer Goldenrod-Departmental Control Copy  
 Yellow-Auditor-Controller Pink-Originating Department