**COUNTY OF CALAVERAS**
**OFFICE OF AUDITOR-CONTROLLER**
**BUDGET TRANSFER**

**Fiscal Year:** 2018-19

**Requesting Dept.** Air District

**GL Org Key:** 21900010

**JL Org Key:**

**Indicate Type:**

[x] **Appropriation/ Est Revenue Increase**
(Requires 4/5 Board of Supervisors Approval)

[ ] **Contingency Transfer**
(Requires 4/5 Board of Supervisors Approval)

[ ] **Interclass Transfer**
(Enter in IFAS Requires Admin and Auditor Approval)

[ ] **Intraclass Transfer**
(Enter in IFAS Requires Auditor Approval)

**Revenue:**

| Object No. | Description of Revenue | Amount |
|---|---|---|
| 4580 | Other State Aid | 8583 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | **Total Revenue:** | 8,583 |

**Expense:**

| Object No. | Description of Expenditure | Amount |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | **Total Expense:** | - |

**10100700/5990** **Contingency Draw:**

**Total** 8,583.00

Comments:

Submitted: _____ 3/18/19
Department Head/ Authorized Signature — Date

Verification of Sufficient Funds: _____ _____
Auditor-Controller — Date

Approval by CAO: _____ _____
CAO — Date

**Approval by Board of Supervisors**

Attested:

Clerk of the Board: _____ Vote: _____ Yes _____ No

Auditor Use Only: Budget Adjustment No: _____ Date: _____