



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

Fiscal Year: FY 2018-19

Requesting Dept. Community Organizations

GL Org Key: 10100140

JL Org Key: \_\_\_\_\_

Indicate Type:

**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
Total Revenue:		-

Expense:

Object No.	Description of Expenditure	Amount
5323	Community Organizations	674
Total Expense:		674.00

10100700/5990	Contingency Draw:	\$674.00
Total		-

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Department Head/ Authorized Signature

Verification of Sufficient Funds: \_\_\_\_\_ Date \_\_\_\_\_

Auditor-Controller

Approval by CAO: \_\_\_\_\_ Date \_\_\_\_\_

CAO

**Approval by Board of Supervisors**

Attested: Clerk of the Board: \_\_\_\_\_ Vote: \_\_\_\_\_ Yes \_\_\_\_\_ No

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