



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

Fiscal Year: FY 2018-19

Requesting Dept. Assessor

GL Org Key: 10100050

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
4455	State Grants	(\$132,000.00)
Total Revenue:		(132,000)

Expense:

Object No.	Description of Expenditure	Amount
Total Expense:		-

10100700/5990 Contingency Draw: \$132,000.00

Total -

Comments:

Submitted:

 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: _____
