



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

Fiscal Year: FY 2018-19

Requesting Dept. Environmental Health

GL Org Key: 10100570

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
4120	Permits - Construction	-33000
4686	Water Well Program	-8500
4455	State Grants	-34000
<b>Total Revenue:</b>		<b>(75,500)</b>

**Expense:**

Object No.	Description of Expenditure	Amount
<b>Total Expense:</b>		<b>-</b>

10100700/5990

Contingency Draw:

\$75,500.00

Total

-

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Submitted:**

  
Department Head/ Authorized Signature

6/21/19  
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: _____
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