

BUDGETARY ADJUSTMENT REQUEST FORM

Department Head Approval¹

Submitting Department & Section

1. Appropriation Transfer within Character

County Administrator Approval²

2. Appropriation Transfer within Section

Fiscal Year

3. Appropriation Transfer between Sections

Board of Supervisor's Approval³

- 4. Appropriate - Unanticipated Revenue
- 5. Appropriate - Undesignated/Unreserved Fund Balance
- 6. Appropriate - Appropriations for Contingencies
- 7. Appropriation Transfer between Funds
- 8. Cancellation of Appropriation/Estimated Revenue

	T/C	INDEX	SUBJECT	SUBJECT TITLE	AMOUNT
TO:					\$
FROM:					\$

JUSTIFICATION: _____

_____ Date

_____ Requesting Signature

_____ Title

_____ Contact Phone No.

ACTION TAKEN

Request is: Approved Recommended - Submitted for Board Action
 Disapproved Not Recommended - Submitted for Board Action

Comments: _____

_____ Date

By: _____ Approving Signature

Distribution as per transaction types above:

1. Original to Auditor's Office
2. Original to CAO for signature. CAO to send copies to:
a. Auditor, b. Requesting Department, c. GS Purchasing Agent
3. Original to Auditor's Office with back-up