

COUNTY OF SANTA CRUZ

REQUEST FOR TRANSFER OR REVISION OF BUDGET APPROPRIATIONS AND/OR FUNDS

Department: Public Works

Date October 11, 2017

TO: Board of Supervisors / County Administrative Officer / District Board

I hereby request your approval of the following transfer of budget appropriations and/or funds in the fiscal year ending June 30, 2018.

AUDITORS USE ONLY											
DOCUMENT #	AMOUNT	L/N									

BATCH #	
DATE	Keyed By: _____

		GL KEY				GL OBJECT				JL KEY				JL OBJ				AMOUNT				ACCOUNT DESCRIPTION																	
TRANSFER	TO	6	2	5	1	1	0	6	2	3	3	0	P	5	1	3	2	9	3	6	6	5	8	7	2	0	5	0	0	LANDFILL GAS POWER PROJECT									
	FROM	6	2	5	1	1	0	8	6	1	1	0	P	5	1	0	0	3	3	5	4	5	3	0	0	0	0	0	0	BUENA VISTA LANDFILL METHANE GAS PR									
		6	2	5	1	1	0	8	6	1	1	0	P	5	1	0	4	6	3	5	4	5	1	7	2	0	5	0	0	BV LANDFILL MAINTENANCE FACILITY REP.									

Explanation: TRANSFER \$87,205.00 FROM BUENA VISTA LANDFILL METHANE GAS PROJECTS (P51003: \$30,000), BV LANDFILL MAINTENANCE FACILITY REPAIRS (P51046: \$17,205) AND CAPITAL REPLACEMENT RESERVES (P51360: \$40,000) TO LANDFILL GAS POWER PROJECT (P51329).
 TO: GL 625110/62330 JL P51329/3665
 FROM: GL 625110/86110 JL P51003/3545 (\$30,000); JL P51046/3545 (\$17,205); AND JL P51360/3545 (\$40,000)

Name Marcela Tavantzis Title Director of Admin. Services

Auditor-Controller's Action: I hereby certify that unencumbered balance(s) is/are available in the appropriations/funds and in the amounts indicated above.
 Auditor-Controller, by K. Moore Deputy Date 10-13-17

County Administrative Officer's Action: 10/11/17 Recommended to Board | | Approved | | Not Recommended or Approved
 County Administrative Officer _____ Date 10/29/17

State of California) As the Clerk of the Board of Supervisors of the County of Santa Cruz, I do hereby certify that the foregoing request for
 ss. Transfer was approved by said Board of Supervisors as recommended by the County Administrative Officer by an order
 County of Santa Cruz) duly entered in the minutes of said Board on
 _____, 20____, By _____, Deputy Clerk

(A-C)* Desc: _____ Item: - Budget Transfer
 BRD. NAME AGENDA DATE ITEM NO.
 Distribution: White-Board of Supervisors Green-County Administrative Officer Goldenrod-Departmental Control Copy
 Yellow-Auditor-Controller Pink-Originating Department
 AUD74 (Rev 05/17)

A-C Review		