

**COUNTY OF SANTA CLARA
CITIES/TOWNS TRANSFER CONTROL RECORD**

Date _____

Jurisdiction _____

Transfer No. _____

FROM:				TO:			
Project Name / Activity #	Current Allocation	Amount of Transfer	Revised Allocation	Project Name / Activity #	Current Allocation	Amount of Transfer	Revised Allocation

TOTAL TRANSFER AMOUNT OF THIS REQUEST: _____ YEAR-TO-DATE TRANSFER OF FUNDS: _____

FOR COUNTY USE ONLY:

PROJECT MONITOR:

- City Council has approved the above transfer of funds and submitted necessary documentation for transfer on (Date) _____
- Is this project exempt from NEPA? Yes No If not exempt, date of Release of Funds _____
- If amount exceeds \$10,000, BOS approval required : BOS approval date _____ Item # _____
- Transfer approved by Project Monitor Print Name _____ Signature _____ Date _____

ACCOUNTING:

- Transfer reflected on program ledger and CCR Date _____ Fiscal Officer _____ Date _____
- Transfer reflected in IDIS Date _____ Print Name _____
- Transfer reflected in SAP Date _____ Director _____ Date _____
- Approval Letter mailed to jurisdiction Date _____ Print Name _____