ATTACHMENT 1 REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

Departmen	t: Library	Department # 62	21	Posting Date	8/12/2025
1) The reason fo	r this budget transf	er request is:			
i., The reason to		kpenditure/revenue categor	ry (with AC	CApproval)	Original only
-		n expenditure/revenue cate	•	,	Original +1
		Increase/decrease Intrafund Transfer account (with Board Approval)*			Original +1
	Transfer to or from Contingencies (with Board Approval)*				Original +1
		e budget unit appropriation			Original +1
		funds in Fixed Assets <\$1			Original +1 Original +1
X		funds in Fixed Assets >\$1			
^		iulius III i ixeu Assets > \$1	10,000 (WIL	ii boaid Appiovai)	Original +1
2)	Transfer to Account			Transfer from Account:	
Amount:	Number:	Name:		Number:	Name:
\$15,990.00	1500621- 898	6 Equipment		1500621-2117	Office Expense
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	_				
-					
-					
	_				
	_				
•		•		ny there are sufficient bala	nces in
	• • •	nsfer cannot be delayed u		· ·	
			ut transact	ion did not complete in FY2	4/25 as
	nis is a carryforward t				
		Fixed Assets - Equipment	so we car	n purchase the microfilm equ	uipment.
readers in FY2	25/26.				
c.)					_
4.) Department He	ead Approval	Date:07/252025		(signed)	
E) Balanasa yarif	ied by Auditor Cont	weller D.		(signed)	
5.) Dalances vern	ied by Auditor-Cont	rolle <u>r Date:</u>		(signed)	
6.)/Approve	ed/Not app	APPROVED	ended _	/Not recommended	
County Admini	strative Officer:	By Karen Clower a		mmedul 30, 2025	
				pm, our 50, 2025	
		INSTRU	ICTIONS		
CENID ODIOWA	I DEOLIECT FOR BUT	OCT TRANSCER DIRECTLY	TO THE 41	IDITOR CONTROLLER	
		GET TRANSFER DIRECTLY	10 THE A		
^ Requires copy o	of Board Order to be attach	ned Revised 03/19		Posted by:	