COUNTY OF HUMBOLDT
REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

 # A _____

DEPARTMENT: DHHS-Mental Health DEPARTMENT #: 424 POSTING DATE: 5/24/2023

1.) The reason for this budget transfer request is:

	Transfer within expenditure/revenue category (with Auditor Approval)	Original only
	Transfer between expenditure/revenue category (with CAO & Auditor Approval)	Original +1
	Increase/decrease Intrafund Transfer account (with Board Approval)*	Original +1
	Transfer to or from Contingencies (with Board Approval)*	Original +1
	Increase/decrease budget unit appropriation (with Board approval)*	Original +1
	Establish/transfer funds in Fixed Assets <$10,000 (CAO & Auditor Approval)	Original +1
X	Establish/transfer funds in Fixed Assets >$10,000 (with Board Approval)*	Original +1

2.)

Amount:	Transfer to Account: Number:	Transfer to Account: Name:	Transfer from Account: Number:	Transfer from Account: Name:
$ 18,500.00	1170424 8451	Oven	1170424 8777	Vehicle-Auto

3.) In the space below, state (a) reason for transfer request, (b) reason why there are sufficient balances in affected accounts, and (c) why transfer cannot be delayed until next budget year.

a.) To establish fixed asset line item for SV kitchen equipment

b.) Vehicle purchases have been deferred to FY 23-24

c.) Replacement of commercial range/oven is necessary to address safety and quality concerns.

4.) Department Head Approval: Date _____ (signed) Botzler-Rodgers, Emi Digitally signed by Botzler-Rodgers, Emi Date: 2023.05.19 10:48:06 -07'00'

5.) Balances verified by Auditor-Controller Date _____ (signed) _____

6.) _____/Approved _____/Not approved _____/Recommended _____/Not recommended

County Administrative Officer: Date _____ (signed) _____

INSTRUCTIONS

SEND ORIGINAL REQUEST FOR BUDGET TRANSFER DIRECTLY TO THE AUDITOR-CONTROLLER.

* Requires copy of Board Order to be attached *Revised 03/19* Posted by _____