

COUNTY OF HUMBOLDT  
REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

# A \_\_\_\_\_

DEPARTMENT: CAO

DEPARTMENT #: 103 POSTING DATE: \_\_\_\_\_

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
<u>X</u>	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
_____	Establish/transfer funds in Fixed Assets >\$10,000 (with Board Approval)*	Original +1

2.)	Transfer to Account:			Transfer from Account:	
	Amount:	Number:	Name:	Number:	Name:
	\$ 44,935.00	1100103-9360	GF Contribution	1100990-9360	GF Contribution Contingencies
	\$ 44,935.00	1100103-2118	Supplies and Services	1100990-2015	Contingencies

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.) \_\_\_\_\_

b.) \_\_\_\_\_

c.) \_\_\_\_\_

4.) Department Head Approval: \_\_\_\_\_ Date \_\_\_\_\_ (signed) \_\_\_\_\_

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.