COUNTY OF HUMBOLDT
REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

 # A _____

DEPARTMENT: Correctional Facility DEPARTMENT #: 243 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
X	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:
$ 134,545.00	1100243-9360	GF Contribution	1100990-9360	GF Contribution Contingencies
$ 134,545.00	1100243-8186	Impr - Cty Owned	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.

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