## COUNTY OF HUMBOLDT REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

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

DEPARTMENT:	DHHS-SSB	DEPA	ARTMENT #: _	1160-511	POSTING DATE:	2/26/2024
1.) The reason for this b	Transfer within exper Transfer between exp Increase/decrease In Transfer to or from Councrease/decrease but Establish/transfer fun	t is:  Inditure/revenue categor  Iditure/revenue categor  Iditure/reven	egory (with CA unt (with Boa ard Approval)* n (with Board 10,000 (CAO	O & Auditor rd Approval)* approval)* & Auditor Ap	proval)	Original only Original +1 Original +1 Original +1 Original +1 Original +1 Original +1
	Transfer to		Transfer from Account:			
2.) Amount:	Number:	Name:		nber:	Name	
\$ 350,000.00	1160-511-8986	Equipment	1160-5	11-8998	Building Improven	nents
			-			
3.) In the space below,	etate (a) reason for tra	nefer request (b) reas	on why there	are sufficient	t halances in	
	and (c) why transfer c				Dalarices III	
a.) The reason for the to	ransfer is to insure for	sufficient \$ under obje	ct 8986 to co	ver all costs	that are paid for eq	uipment for
<ul><li>the fiscal year.</li><li>b.) 1- The original Purcl</li></ul>	hase Order-PO# BB47	26- for Vendor, VNN1	005. was esta	blished using	a Building Improven	nents -
Object 8998, but has be The charges associated DHHS-SSB Programs p	en actually set up to be with this vendor were	e paid using Object 89 initially determined to	86 (Equipmer be CalWORK	nt) by the Coi s, but the "S	unty Purchasing De	partment. 2-
c.) The work under BB4 The invoice in question			tstanding bala	nce owed to	the vendor of \$252	,036.36.
4.) Department Head Aր	pproval:	Date		(signed)		
5.) Balances verified by	Auditor-Controller	Date		(signed)		
6.)/Approved	/Not approved	/Recommende	ed/N	ot recommer	nded	
County Adminis	strative Officer:	Date		(signed)		

INSTRUCTIONS

* Requires copy of Board Order to be attached	Revised 03/19	Posted by	
		<del></del>	