

COUNTY OF HUMBOLDT  
REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

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

DEPARTMENT: WIC

DEPARTMENT #: 415 POSTING DATE: 11/4/2022

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

Transfer to Account:			Transfer from Account:	
Amount:	Number:	Name:	Number:	Name:
\$16,000.00	1175-415-8998	Building Modifications	1175-415-1100	Salaries & Wages
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.) A major telephone system upgrade is taking place at Public Health's 317 2nd Street location, which will be partially funded by the WIC program. A fixed asset line needs to be created for the project's costs.
- b.) 1175-415 has not been fully staffed during the first third of FY 22-23 and salary savings are a result.
- c.) Phone system upgrade will take place in FY 22-23.

4.) Department Authorization: \_\_\_\_\_ Date \_\_\_\_\_ (signed) \_\_\_\_\_

5.) Account balances verified by Auditor-Contr \_\_\_\_\_ 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.