COUNTY OF HUMBOLDT REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

Attachment 1
A

DEPARTMENT: _	Engineering	_ DEI	PARTMENT #: 321	POSTING DATE:	10/22/2024	
1.) The reason for this	Transfer within expe Transfer between ex Increase/decrease II Transfer to or from C Increase/decrease b Establish/transfer fu	nditure/revenue cate spenditure/revenue c ntrafund Transfer ac Contingencies (with I oudget unit appropria nds in Fixed Assets	egory (with Auditor Appeategory (with CAO & Account (with Board Appeard Approval)* ation (with Board approval) & \$10,000 (CAO & Audits)	Auditor Approval) proval)* oval)* ditor Approval)	Original only Original +1 Original +1 Original +1 Original +1 Original +1 Original +1	
	Transfer to	o Account:	Trar	nsfer from Account:		
2.) Amount:	Number: Name:		Number:		Name:	
\$ 23,309.00	1200321-8940	Infrastructure	1200321-2118			
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3.) In the space below,	state (a) reason for tr	ransfer request, (b) ı	reason why there are s	sufficient balances in		
	, and (c) why transfer					
a.) Cover Measure Z pr		,				
a.) Cover Measure 2 pr	ojoot overage					
b \ Funding was origina	Illy budgeted under pr	ofossional convises				
b.) Funding was origina	illy budgeted under pro	olessional services				
c.) Project completed in	n FY 24/25					
			ADDDOVED			
4.) Department Head A	pproval:	Date	APPROVED	ed)		
, ,			By Charlotte Merke	el at 3:54 pm, Oct 22, 202	24	
E \ D = I =		5 :				
Balances verified by	Auditor-Controller	Date	e (signe	ea)		
6.)/Approved	/Not approved	/Recomme	APPROVED	commended		
11			ALLINOVED			
County Admini	strative Officer:	Data	By Karen Clowe	rat 10:52 am, Nov	06, 2024	
County Admini	Shanvo Officer.	Date		10.02 4/11, 1101	, ,	
		IN COTTO LICE TO	2110			
		INSTRUCTION	JNS			
SEND ORIGINAL REQUE	ST FOR BUDGET TRAI	NSFER DIRECTLY TO	THE AUDITOR-CONTR	OLLER.		
* Requires copy of Board Ord	der to be attached	Revised 03/19	Posted	l by		