

COUNTY OF HUMBOLDT
REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

A _____

DEPARTMENT: Social Services

DEPARTMENT #: 1160-511 POSTING DATE: 3/1/2020

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
x	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.)	Amount:	Transfer to Account:		Transfer from Account:	
		Number:	Name:	Number:	Name:
	\$ 763,946	1160-511-50700	State Welfare Adminis	1160-508-50700	State Welfare Administration
	\$ 347,005	1160-511-507010	Welfare Realignment S	1160-508-507010	Welfare Realignment St Tax
	\$ 322,998	1160-511-507020	Welfare-Realgin St Ta	1160-508-507020	Welfare-Realgin St Tax IHSS
	\$ 990,739	1160-511-507030	State 2011 Realignme	1160-508-507030	State 2011 Realignment Admin
	\$ 5,298,100	1160-511-526000	Federal Welfare Admir	1160-508-526000	Federal Welfare Administration
	\$ 77,357	1160-511-586493	St Realignment-Family	1160-508-586493	St Realignment-Family Support
	\$ 4,243,250	1160-511-1100	Salaries And Wages	1160-508-1100	Salaries And Wages
	\$ 189,633	1160-511-1400	Extra Help	1160-508-1400	Extra Help
	\$ 9,313	1160-511-1450	Unemployment Insurar	1160-508-1450	Unemployment Insurance
	\$ 235,118	1160-511-1460	Overtime	1160-508-1460	Overtime
	\$ 1,305,036	1160-511-1470	Health Insurance	1160-508-1470	Health Insurance
	\$ 1,863	1160-511-1471	Life & Air Travel Insura	1160-508-1471	Life & Air Travel Insurance
	\$ 56,474	1160-511-1472	Dental Insurance	1160-508-1472	Dental Insurance
	\$ 1,125,100	1160-511-1500	Retirement	1160-508-1500	Retirement
	\$ 119,611	1160-511-1510	PARS Contribution	1160-508-1510	PARS Contribution
	\$ 514,749	1160-511-1600	FICA	1160-508-1600	FICA

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.) Salaries and benefits expenditures were higher than anticipated.

b.) Expenditures were originally budgeted in Budget Unit (BU) 508 but posted to BU 511 due to a file uploading issue with the County payroll system. Revenue for these expenditures was budgeted in BU 508

c.) Expenditures occurred and revenue received during Fiscal Year (FY) 2019/20.

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