COUNTY OF HUMBOLDT
REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

 # A _____

DEPARTMENT: CARE DEPARTMENT #: 437 POSTING DATE: 3/17/2020

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
	Increase/decrease budget unit appropriation (with Board approval)*	Original +1
	Establish/transfer funds in Fixed Assets <$10,000 (CAO & Auditor Approval)	Original +1
x	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:
$40,746.00	1175-437-8771	Vehicles	1175-437-3479	Care for the Poor

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.) Increased retrofitting costs due to program needs for outreach activities.

b.) Additonal funds are available due to understaffing

c.) The transfer cannot be delayed because retrofitting needs to occur FY 2019-20, as the vans were purchased in FY 2018-19 and the work was budgeted and anticipated to occur in FY2019-20.

4.) Department Authorization: Date 03/05/20 (signed) Olivia Wilder

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.

* Requires copy of Board Order to be attached *Revised 05/16* Posted by _____