

COUNTY OF HUMBOLDT
REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

A _____

Department: Sheriff's Office Department # 25

Posting Date 6/30/2025

1.) The reason for this budget transfer request is:

_____	Transfer within expenditure/revenue category (with AC Approval)	Original only
_____	Transfer between expenditure/revenue category (with CAO & AC Approval)	Original +1
_____	Increase/decrease Intrafund Transfer account (with Board Approval)*	Original +1
<u>X</u>	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 & AC Approval)	Original +1
_____	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:
104,149.00	1100490-2118	GF Contribution	1100990-2015	GF Contribution Contingencies
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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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.) Revenue is under budget for Tobacco. Additional General Fund request from contingencies is needed to cover expenditures.
- b.) The contingencies 1100990 has a remaining balance of \$1,085,417.00 in FY24-25
- c.) The expenditures have been incurred in FY24-25

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 Revised 03/19

Posted by: _____