Attacchment #4

COUNTY OF HUMBOLDT REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

		REQUEST	FOR BUDGET TRA	NSFER/ADJUS	IMENI	# A	
	DEPARTMENT:	Social Services	DEF	PARTMENT #: _	511	POSTING DATE:	6/30/2024
1.) ·	The reason for this	budget transfer reque Transfer within expe Transfer between ex Increase/decrease Ir Transfer to or from C	nditure/revenue cate penditure/revenue ca ntrafund Transfer acc Contingencies (with B	ategory (with CA count (with Boar loard Approval)*	O & Audird Approv	tor Approval) al)*	Original only Original +1 Original +1 Original +1
	x	Increase/decrease b Establish/transfer ful Establish/transfer ful	nds in Fixed Assets <	<\$10,000 (CAO	& Auditor	Approval)	Original +1 Original +1 Original +1
		Transfer to	o Account:		Transfe	er from Account:	
2.)	Amount:	Number:	Name:	Number: Na			. .
۷.)	\$ 2,900,000.00					Professional Serv	· -
			Special Items	1160511001			ices
	\$ 860,930.00		Special Items	1160511-147		Health Insurance	
	\$ 39,000.00	1160511015-3999	Support and Care of	of P 1160511-147	70	Health Insurance	
	\$ 100,000.00	1160511015-7110	Special Items	1160511-147	70	Health Insurance	
						-	
,	affected accounts	state (a) reason for tra , and (c) why transfer of to account for increas	cannot be delayed ur	ntil next budget y	ear.	ient balances in	
b.) 3	Savings in profession	onal services and heal	th insurance occurre	d.			
c.) -	This budget adjustn	nent is part of the year	end closing for FY 2	024/25.			
4.) [Department Head A	pproval:	Date		(signed)		
5.) Balances verified by Auditor-Controller				·	(signed)		
6.)_	/Approved	/Not approved	/Recommer	nded/N	ot recomr	nended	
	County Adminis	strative Officer:	Date		(signed)		
			INSTRUCTIO	ONS			
SEN	D ORIGINAL REQUE	ST FOR BUDGET TRAI	NSFER DIRECTLY TO	THE AUDITOR-C	CONTROLI	LER.	

* Requires copy of Board Order to be attached

Revised 03/19

Posted by _____