

COUNTY OF HUMBOLDT
REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

A _____

DEPARTMENT: Social Services

DEPARTMENT #: 511 POSTING DATE: 6/30/2024

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

	Transfer to Account:		Transfer from Account:	
2.) Amount:	Number:	Name:	Number:	Name:
\$ 2,900,000.00	1160511015-7110	Special Items	11605110015-2118	Professional Services
\$ 860,930.00	1160511015-7110	Special Items	1160511-1470	Health Insurance
\$ 39,000.00	1160511015-3999	Support and Care of P	1160511-1470	Health Insurance
\$ 100,000.00	1160511015-7110	Special Items	1160511-1470	Health Insurance