

COUNTY OF HUMBOLDT
REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

A _____

DEPARTMENT: PHEP Lab

DEPARTMENT #: 1175-455001 POSTING DATE: 4/1/2024

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
	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

	Transfer to Account:		Transfer from Account:	
2.) Amount:	Number:	Name:	Number:	Name:
\$21,581.00	1175-455001-8986	Equipment	1175-455001-1475	Salaries/ Benefits Cost Share

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.

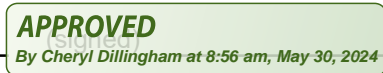
a.) Partially fund Victor Nivo Multimode Plate Reader

b.) Salary Savings for FY23/24. Grant funding.

c.) Purchase Made in FY 23/24

4.) Department Authorization: _____ Date _____ (signed) _____

5.) Account balances verified by Auditor-Cont _____ Date _____



6.) _____/Approved _____/Not approved _____/Recommended _____/Not recommended

County Administrative Officer: _____ Date _____ (signed) _____

INSTRUCTIONS

SEND ORIGINAL REQUEST FOR BUDGET TRANSFER DIRECTLY TO THE AUDITOR-CONTROLLER.