

COUNTY OF HUMBOLDT  
REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

# A \_\_\_\_\_

DEPARTMENT: Public Works Roads

DEPARTMENT #: 325

POSTING DATE: 5/14/2019

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

- |                              |   |               |
|------------------------------|---|---------------|
| <u>                  </u>    | Transfer within expenditure/revenue category (with Auditor Approval)        | Original only |
| <u>                  </u>    | Transfer between expenditure/revenue category (with CAO & Auditor Approval) | Original +1   |
| <u>                  </u>    | Increase/decrease Intrafund Transfer account (with Board Approval)*         | Original +1   |
| <u>                  </u>    | Transfer to or from Contingencies (with Board Approval)*                    | Original +1   |
| <u>                  </u>    | Increase/decrease budget unit appropriation (with Board approval)*          | Original +1   |
| <u>                  </u>    | Establish/transfer funds in Fixed Assets <\$10,000 (CAO & Auditor Approval) | Original +1   |
| <u>          X          </u> | 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:
	\$ 31,738.00	1200325-8989	Equipment- Miscellaneous	1200325-2320	Lease/Purchase of Equipment

- 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.) Equipment is required for Roads Crew in order repair roadways
- b.) Roads 325 budgets in preparation for equipment repairs/purchases every fiscal year. Equipment purchases were less frequent than expected in FY18/19
- c.) Roads crew rely on dry/sunny conditions to do major repairs. Equipment will be most utilized during spring, summer and fall

4.) Department Authorization: \_\_\_\_\_ Date \_\_\_\_\_ (signed) \_\_\_\_\_

5.) Account 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.