

COUNTY OF HUMBOLDT
REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

A _____

DEPARTMENT: PROBATION

DEPARTMENT #: 294 POSTING DATE: 6/30/2022

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

<u> </u>	Transfer within expenditure/revenue category (with Auditor Approval)	Original only
<u> X </u>	Transfer between expenditure/revenue category (with CAO & Auditor Approval)	Original +1
<u> </u>	Increase/decrease Interfund 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> </u>	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:
\$ 600,000.00	3741294-9284	IE-DRUG MEDI-CAL	3741294-3999	SUPPORT & CARE OF PERS