

COUNTY OF HUMBOLDT  
REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

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

DEPARTMENT: District Attorney

DEPARTMENT #: 211 POSTING DATE: 3/30/2021

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
<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:
	\$ 17,329.00	11002118986	Equipment	11002112117	Office Expenses
	\$ 6,100.00	11002118986	Equipment	11002112118	Professional Ser.
	\$ 256.00	11002118986	Equipment	11002112106	communications
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

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.) The request is to moving funding to necessary object numbers being utilized during the FY 20-21 and to meet Grant budget modification request submitted to grant funders

b.) Anticipated use of Professional Services, Office Expenses and communications have not been utilized due to the significant decrease in uses FY 20/21 during the COVID Pandemic.

c.) due to grant funding requirements of funding expenditure this can not be delayed

4.) Department Head Approval: \_\_\_\_\_ Date 4/8/2021 (signed) *Rachelle Davis*

5.) 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.