

COUNTY OF HUMBOLDT
REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

A _____

DEPARTMENT: CAO

DEPARTMENT #: _____ POSTING DATE: 6/4/2024

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
X	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
_____	Establish/transfer funds in Fixed Assets >\$10,000 (with Board Approval)*	Original +1

2.)

Amount:	Transfer to Account:		Transfer from Account:	
	Number:	Name:	Number:	Name:
\$ 260,000.00	1100-199-6117	Contribution to Ec Dev	1100-990-2015	Contingencies
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.) Transfer contingencies per Board direction on Agenda Item #24-279
- b.) Contingency remaining balance prior to transfer = \$572,583
- c.) This appropriation is specific for prior years and appropriate to FY 2023-24.

4.) Department Head Approval: _____ Date _____ (signed) _____

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.

* Requires copy of Board Order to be attached