COUNTY OF HUMBOLDT REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

| | | | | | | # A | |
|--|--|--|---|---|--|--|---|
| DEPARTMENT: _ | Probation Departme | nt | DEPARTMI | ENT #: | 234 | POSTING DATE: | 11/12/2024 |
| 1.) The reason for this b | budget transfer reque Transfer within expe Transfer between ex Increase/decrease Ir Transfer to or from C Increase/decrease b Establish/transfer fur Establish/transfer fur | nditure/revenue penditure/rever ntrafund Transfe Contingencies (v udget unit appr nds in Fixed As | nue category er account(with Board A opriation (wi sets <\$10,00 | v (with CA with Boar pproval)* th Board 00 (CAO | O & Aud d Approv approval & Auditor | itor Approval) val)*)* Approval) | Original only Original +1 Original +1 Original +1 Original +1 Original +1 Original +1 |
| | Transfer to | A A A A A LUMBE | | | Transf | er from Account: | |
| 2.) Amount: | Number: | | Numb | | Name: | | |
| \$ 43,876.00 | 1100234-8986 | Name: Equipment | | 1100234- | | Improvemnets Ct | |
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| 3.) In the space below, affected accounts, a.) Change in project | state (a) reason for tr and (c) why transfer | | | | | cient balances in | |
| b.) Change in project pri | iority | | | | | | |
| c.) Funds need to be inc | cumbered by 12/31/24 | 1 | | | | | |
| 4.) Department Head Aբ | oproval: | | Date | 6/24 | (signed) | APPROVED By Ellisha Hardison | at 3:41 pm, Nov (|
| 5.) Balances verified by | Auditor-Controller | | Date | | (signed) | | |
| 6.)/Approved | /Not approved | /Reco | mmer AP | PRO | VED | nmended | |
| County Adminis | strative Officer: | | Date By F | Karen C | lower | at 5:22 pm, No | ov 07, 2024 |
| OFNID OBJOURN THE | OT FOR BURGET | | JCTIONS | IDITOS S | ONTO 5:: | 50 | |
| SEND ORIGINAL REQUES | ST FOR BUDGET TRAN er to be attached | NSFER DIRECTL Revised 03/19 | Y TO THE AU | | ONTROLI | | |