

COUNTY OF HUMBOLDT
REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

A _____

DEPARTMENT: Indigent Defense

DEPARTMENT #: 250

POSTING DATE: 6/30/2022

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

Transfer to Account:			Transfer from Account:	
Amount:	Number:	Name:	Number:	Name:
\$ 466,000.00	1100250-9360	GF Contribution	1100990-9360	GF Contribution Contingencies
\$ 341,000.00	1100250-2118	Professional Services	1100990-2015	Contingencies
\$ 80,000.00	1100250-2218	Recording & Transcrip	1100990-2015	Contingencies
\$ 45,000.00	1100250-3349	Court Facilities Payme	1100990-2015	Contingencies

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.) Expenditures exceed the appropriations for FY21-22 in 1100250, a mandated program, to be covered by contingency.
- b.) The contingencies 1100990 has a remaining balance of \$1,302,276 in FY 21-22.
- c.) The expenditures have been incurred in FY 21-22.

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.