

COUNTY OF HUMBOLDT
REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

A _____

DEPARTMENT: Office of Emergency Se

DEPARTMENT #: 274

POSTING DATE: 7/1/2019

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
X	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.)	Transfer to Account:			Transfer from Account:	
	Amount:	Number:	Name:	Number:	Name:
	\$ 152,500.00	1100-221850-546000	EMPG Revenue	1100-274-546000	EMPG Revenue
	\$ 152,500.00	1100-221850-9360	General Fund Mtch	1100-274-9360	General Fund Mtch
	\$ 178,998.00	1100-221850-1100	Salaries & Wages	1100-274-1100	Salaries & Wages
	\$ 443.00	1100-221850-1450	Unemploy Ins	1100-274-1450	Unemploy Ins
	\$ 25,962.00	1100-221850-1470	Health Insurance	1100-274-1470	Health Insurance
	\$ 128.00	1100-221850-1471	Life Insurance	1100-274-1471	Life Insurance
	\$ 2,088.00	1100-221850-1472	Dental Insurance	1100-274-1472	Dental Insurance
	\$ 46,179.00	1100-221850-1500	Retirement	1100-274-1500	Retirement
	\$ 2,552.00	1100-221850-1510	PARS Contribution	1100-274-1510	PARS Contribution
	\$ 13,017.00	1100-221850-1600	FICA	1100-274-1600	FICA
	\$ 1,633.00	1100-221850-1700	Worker's Comp	1100-274-1700	Worker's Comp
	\$ 34,000.00	1100-221850-2106	Communications	1100-274-2106	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.) Moving budget from 1100-274 EMPG Grant to 1100-221850 - Sheriff Operations EMPG Grant
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- b.) Moving entire budget to a new org key structure.
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- c.) Moving budget for FY2019-20
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4.) Department Authorization: _____ Date 6/27/19 (signed) *Regina Kullik*

5.) Account balances verified by Auditor-Contrc _____ Date 6/27/19 (signed) *Helen [Signature]*

6.) _____/Approved _____/Not approved **X**/Recommended _____/Not recommended *See [Signature]*

County Administrative Officer: _____ Date 6/27/19 (signed) _____

INSTRUCTIONS

SEND ORIGINAL REQUEST FOR BUDGET TRANSFER DIRECTLY TO THE AUDITOR-CONTROLLER.