COUNTY OF HUMBOLDT REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

D	EPARTMENT:	DHHS-Mental Health	DEP#	ARTMENT #: 424	POSTING DATE	: 6/2/2025
1.) The	reason for this	budget transfer request is: Transfer within expenditure/revenue category (with Auditor Approval) Transfer between expenditure/revenue category (with CAO & Auditor Approval) Increase/decrease Intrafund Transfer account (with Board Approval)* Transfer to or from Contingencies (with Board Approval)* Increase/decrease budget unit appropriation (with Board approval)* Establish/transfer funds in Fixed Assets <\$10,000 (CAO & Auditor Approval)* Original +1 Original +1 Original +1 Original +1 Original +1 Original +1 Original +1				
2)	Amazinti	Transfer to Account: Number: Name:		Transfer from Account: Number: Name:		
2.)	Amount: 12,502	1170424 8986	Equipment	1170424 8998	Building Improve	
3) In t	ne snace helow	, state (a) reason for tr	ansfer request (h) re	ason why there are su	fficient halances in	
af	fected accounts	, and (c) why transfer	cannot be delayed un		molent balances in	
,		m appropriation for free	•			
b.) Bud	geted amount ir	n fixed assets is being	shifted between line	tems.		
c.) Free	zer replacemen	t was necessary for pr	ogram function and n	neal prep.		
4.) Department Head Approval: Date				(signed	APPROVED By Trevis Green at 11:1	7 am, Jul 08, 2025
5.) Bala	inces verified by	/ Auditor-Controller	Date	(signed	l)	
6.)	_/Approved	/Not approved	/Recommen	ded/Not reco	ommended	
	County Admini	strative Officer:	Date	(signed		
			INSTRUCTION	IS		
SEND C	RIGINAL REQUE	EST FOR BUDGET TRAN	NSFER DIRECTLY TO T	THE AUDITOR-CONTRO	LLER.	

* Requires copy of Board Order to be attached

Revised 03/19

Posted by _____