

COUNTY OF HUMBOLDT
REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

A _____

DEPARTMENT: DHHS-Mental Health

DEPARTMENT #: 424 POSTING DATE: 6/2/2025

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
_____	Increase/decrease budget unit appropriation (with Board approval)*	Original +1
_____	Establish/transfer funds in Fixed Assets <\$10,000 (CAO & Auditor Approval)	Original +1
<u>X</u>	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:
	\$ 12,502	1170424 8986	Equipment	1170424 8998	Building Improvements

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.) To establish line item appropriation for freezer purchase.

b.) Budgeted amount in fixed assets is being shifted between line items.

c.) Freezer replacement was necessary for program function and meal prep.

4.) Department Head Approval: _____ Date _____ (signed) **APPROVED**
By Trevis Green at 11:17 am, Jul 08, 2025

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.