COUNTY OF HUMBOLDT REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

A _____

DEPARTMENT:	Sheriff - Jail	DEP	ARTMENT #:	243 F	POSTING DATE:	10/23/2018
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					
	Transfor	Transfer from Account:				
2.) Amount:	Transfer to Account: Number: Name:		Number: Nam			
\$ 41,210.00	1100243 - 8186	Improvements	1100243 - 21	13	Maintenance - Str	ructures
				-		
	Harris - Parker - Par			-		
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	Ballonia de la companya del companya de la companya del companya de la companya d					
	(Asserted as a second as a					
			d kanding and a second and	-		
3.) In the space below.	state (a) reason for	ransfer request. (b) re	eason why there	are suffic	cient balances in	
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.) Transfer request for			Home badget j	.		
a.) Transfer request is	Theornig replacemen	t iii jaii.				
b.) \$275K was budgete	ed for this FY. There	is \$229K unemcumb	ered as of 10/16/	18		
b.) was badgete	od for tillo i i . Tilloro	15 \$22517 diferilodiffib	0100 00 01 10/10/	10.		
c.) Flooring in jail need	s to be replaced and	there are sufficient fu	inds in the mainte	enance a	ccount to cover th	nie evnense
c./ 1 looning in juil need	o to be replaced and	there are sumoient to	indo in the mainte	onanoc a	occurr to cover ti	по схрспос.
4.) Department Authoriz	zation:	Date	10/40/10 10	(hannis	Regination	1001
4.) Department Authoriz	zation.	Date	19/10/18	signed) _	reguesa	un
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C \ A wet belonger	auifiaal lass Assalitan Can	t Data	/-	-:\\		
5.) Account balances ve	erilled by Auditor-Cor	nt Date	· (s	signed) _		
				SWAS SINGS OF		
6.)/Approved	/Not approved	d/Recomme	nded/No	ot recom	mended	
	0.000		E .	2 20		
County Admini	strative Officer:	Date	· (s	signed) _		
Backers and the desired and a second and a s		Serve that the server the server and				
		INSTRUCTIO	NS			
SEND ORIGINAL REQUE	ST FOR BUDGET TRA	NSFER DIRECTLY TO	THE AUDITOR-CO	ONTROLL	ER.	
* Requires copy of Board Order to be attached Revised 05/16 Posted by						