COUNTY OF HUMBOLDT
REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

**# A** _____

Department: Sheriff's Office Department # 25 Posting Date 5/12/2026

**1.) The reason for this budget transfer request is:**

| | | |
|---|---|---|
| | Transfer within expenditure/revenue category (with AC Approval) | Original only |
| | Transfer between expenditure/revenue category (with CAO & AC 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 & AC Approval) | Original +1 |
| X | 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:** |
| 47,500.00 | 1100272-2118 | Professional Services | 1100272-8986 | Equipment |
| 20,267.00 | 1100243-2108 | Food | 1100243-8986 | Equipment |

**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.)** Move appropriations to cover anticipated cost overruns in the Services and Supplies category.

**b.)** Funds for fixed assets no longer needed.

**c.)** Impacts the current fiscal year.

**4.) Department Head Approval** Date: (signed)

APPROVED
By Regina Fuller at 12:18 pm, Apr 22, 2026

**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.

* Requires copy of Board Order to be attached *Revised 03/19*

Posted by: _____