

COUNTY OF HUMBOLDT
REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

A _____

DEPARTMENT: Roads Maintenance

DEPARTMENT #: 320 / 325 POSTING DATE: 11/1/2019

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.)	Amount:	Transfer to Account:		Transfer from Account:	
		Number:	Name:	Number:	Name:
	\$ 45,668.00	1200320-1100	Salaries And Wages	1200325-1100	Salaries And Wages
	\$ 13,791.00	1200320-1400	Extra Help	1200325-1400	Extra Help
	\$ 83.00	1200320-1450	Unemployment Insura	1200325-1450	Unemployment Insurance
	\$ 8,404.00	1200320-1470	Health Insurance	1200325-1470	Health Insurance
	\$ 39.00	1200320-1471	Life & Air Travel Insur:	1200325-1471	Life & Air Travel Insurance
	\$ 464.00	1200320-1472	Dental Insurance	1200325-1472	Dental Insurance
	\$ 8,652.00	1200320-1500	Retirement	1200325-1500	Retirement
	\$ 479.00	1200320-1510	PARS Contribution	1200325-1510	PARS Contribution
	\$ 2,439.00	1200320-1600	FICA	1200325-1600	FICA
	\$ 80,019.00	1200320-9101	Transfer In	1200325-9101	Transfer 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.) Move Staff from Road Maintenance to Road Administration
- b.) Both Roads budgets fall under the same fund reducing one budget and increasing another keeping the overall amount
- c.) This will correctly align the position in the department with the job duties they are fulfilling.

4.) Department Head Approval: _____ Date 11/7/19 (signed) 

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.