

COUNTY OF HUMBOLDT
REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

A _____

DEPARTMENT: Sheriff

DEPARTMENT #: 25 POSTING DATE: _____

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.) | Transfer to Account: | | | Transfer from Account: | |
|-----|----------------------|------------------|--------------------|------------------------|------------------------------|
| | Amount: | Number: | Name: | Number: | Name: |
| | \$ 74,300.00 | 1100-221930-8321 | Tractor | 1100-221930-1475 | Salaries/Benefits Cost Share |
| | \$ 29,422.00 | 1100-221930-8770 | Vehicle - Off Road | 1100-221930-2118 | Professional Services |
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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 fixed assets for a tractor and off-road vehicle for black market marijuana enforcement.

b.) Grant funds have not been spent or encumbered yet.

c.) Grant funds must be spent by 9/30/19 and we were not given permission to spend until May 2019. Unable to spend as originally requested and received approval from grant administrator to revise the budget so the full funds can be used.

4.) Department Head Approval: _____ Date 8/19/19 (signed) Regina Miller

5.) Balances verified by Auditor-Controller _____ Date 8/19/19 (signed) Karen Bane

6.) _____/Approved _____/Not approved /Recommended _____/Not recommended

County Administrative Officer: _____ Date 8/20/19 (signed) [Signature]

INSTRUCTIONS

SEND ORIGINAL REQUEST FOR BUDGET TRANSFER DIRECTLY TO THE AUDITOR-CONTROLLER.