

COUNTY OF HUMBOLDT
REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

A _____

DEPARTMENT: CAO - ADA

DEPARTMENT #: 152

POSTING DATE: 6/30/2022

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:
	\$ 41,145.00	3552-152-8828	Clam Beach Imp		
	\$ 414,200.00	3552-152-8830	Correctional Fac ADA		
	\$ 738,612.00	3552-152-8832	Garberville Gov Complex		
	\$ 12,374.00	3552-152-8986	Equipment		
	\$ 8,419.00	3552-152-8998	Building Improvements		
	\$ 1,214,750.00			3552-152-8186	Improvements-Cty Owned

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.) Unanticipated capital project costs and project progression .

b.) Improvements -Cty Owned projects did not progress as anticipated.

c.) Fixed asset lines would end the fiscal year with a negative fund balance.

4.) Department Head Approval: _____ Date _____ (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.