

COUNTY OF HUMBOLDT  
REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

# A \_\_\_\_\_

DEPARTMENT: Public Works-Engineering

DEPARTMENT #: 321 POSTING DATE: 11/6/2018

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:                 |
|     | \$ 53,757.00         | 1200321-0332 | Myrtle Ave Ped<br>Signal 217102 | 1200321-2118           | 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.) Add funding to Capital Contract Account in FY 2018-19 to fund Contract Change Order No. 1.

b.) Federal Highway Administration Highway Safety Improvement Program will reimburse 100% of participating costs.

c.) Project costs will be incurred in the current fiscal year.

4.) Department Authorization: \_\_\_\_\_ Date 10/24/18 (signed) Charlene Melton

5.) Account balances verified by Auditor-Cont \_\_\_\_\_ 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.