

COUNTY OF HUMBOLDT
REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

A _____

DEPARTMENT: Auditor/HR DEPARTMENT #: 111/130 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 |
| 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 |

| Transfer to Account | | | Transfer from Account | |
|---------------------|--------------|-------------------|-----------------------|-------------------|
| Amount: | Number: | Name: | Number: | Name: |
| \$ 162,444 | 1100130-1100 | Salaries | 1100111-1100 | Salaries |
| \$ 303 | 1100130-1450 | Unemployment | 1100111-1450 | Unemployment |
| \$ 22,560 | 1100130-1470 | Health Ins | 1100111-1470 | Health Ins |
| \$ 328 | 1100130-1471 | Life & Air Travel | 1100111-1471 | Life & Air Travel |
| \$ 3,840 | 1100130-1472 | Dental Ins | 1100111-1472 | Dental Ins |
| \$ 42,342 | 1100130-1500 | Retirement | 1100111-1500 | Retirement |
| \$ 1,707 | 1100130-1510 | PARS | 1100111-1510 | PARS |
| \$ 9,872 | 1100130-1600 | FICA | 1100130-1600 | FICA |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

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 move salary and benefit appropriaitions to different department
- b) Per agenda item
- c) Per agenda item

4.) Department Authorization: _____ Date _____ (signed) _____

5.) Account 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

Posted by _____