## COUNTY OF HUMBOLDT REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

# A

| D   | EPARTMENT:   | CAO/Contin | ngencies             | DEPA | ARTMENT #: _           | 103/990  | POSTING DATE: | 5/7/2019  |
|---|--|------------|----------------------|------|------------------------|----------|---------------|---|
| 1.)   | Transfer within expenditure/revenue category (with Auditor Approval) Transfer between expenditure/revenue category (with CAO & Auditor Approval) Increase/decrease Intrafund Transfer account (with Board Approval)* Transfer to or from Contingencies (with Board Approval)* Increase/decrease budget unit appropriation (with Board approval)* Establish/transfer funds in Fixed Assets <\$10,000 (CAO & Auditor Approval) Establish/transfer funds in Fixed Assets >\$10,000 (with Board Approval)* |            |                      |      |                        |          |               | Original only Original +1 Original +1 Original +1 Original +1 Original +1 Original +1 |
|   | Amount:  |            | Transfer to Account: |      | Transfer from Account: |          |               |   |
|   | \$   | 25,000.00  | 1100103-             | 2118 | 1                      | 100990-2 | 010           |   |
|   |  |            |                      |      |                        |          |               |   |
|   |  |            |                      |      |                        |          |               |   |
|   |  |            |                      |      |                        |          |               |   |
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|   |  |            |                      |      |                        |          |               |   |
|   |  |            |                      |      |                        |          |               |   |
| 3.)   | 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.   |            |                      |      |                        |          |               |   |
| Additional professional services expense to evaluate operational processes.   |  |            |                      |      |                        |          |               |   |
| There are sufficient appropriations in Contingencies  Moving appropriations to allow for additional expenditures in 103 |  |            |                      |      |                        |          |               |   |
| 4.) Department Authorization:  Date 430 9 (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   |  |            |                      |      |                        |          |               |   |