COUNTY OF HUMBOLDT
REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

 # A _____

Department: Sheriff's Office Department # 25 Posting Date 8/11/2026

1.) The reason for this budget transfer request is:

	Transfer within expenditure/revenue category (with AC Approval)	Original only
	Transfer between expenditure/revenue category (with CAO & AC Approval)	Original +1
	Increase/decrease Intrafund Transfer account (with Board Approval)*	Original +1
X	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 & AC Approval)	Original +1
	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:**
72,872.00	1100272-2118	Professional Services	1100990-2015	Contingencies

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.) Budget adjustment for autopys/pathology services for Coroner's office

b.) General Fund Contingencies

c.) Contract is for FY2026-27 services.

4.) Department Head Approval Date: (signed)

APPROVED
By Regina Fuller at 11:30 am, Jun 26, 2026

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.

* Requires copy of Board Order to be attached *Revised 03/19*

Posted by: _____