

COUNTY OF HUMBOLDT
REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

A _____

DEPARTMENT: County Counsel

DEPARTMENT #: 121 POSTING DATE: 7.14.26

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
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 & Auditor 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:
	\$ 54,668.00	1100121-1100	Salaries	1100990-2015	Contingencies
	\$ 26,055.00	1100121-1470	Health Insurance	1100990-2015	Contingencies
	\$ 70.00	1100121-1471	Life	1100990-2015	Contingencies
	\$ 904.00	1100121-1472	Dental	1100990-2015	Contingencies
	\$ 15,476.00	1100121-1500	PERS	1100990-2015	Contingencies
	\$ 115.00	1100121-1450	SUI	1100990-2015	Contingencies
	\$ 1,093.00	1100121-1510	PARS	1100990-2015	Contingencies
	\$ 4,182.00	1100121-1600	FICA/Medicare	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.) To establish Paralegal position for the litigation team.

b.) There will be sufficient savings in the liability fund due to in house litigation.

c.) This position is necessary to maintain in house litigation.

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.

* Requires copy of Board Order to be attached

Revised 03/19

Posted by _____