COUNTY OF HUMBOLDT
REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

 # A _____

DEPARTMENT: Courts-Cnty Contrib. DEPARTMENT #: 250 POSTING DATE: 6/30/2026

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.)

	Amount:	Transfer to Account: Number:	Name:	Transfer from Account: Number:	Name:
$	61,000.00	1100250-1475	Salaries/Benefits Cost	1100990-2015	Contingencies
$	15,000.00	1100250-2218	Recording & Transcrip	1100990-2015	Contingencies
$	125,000.00	1100250-2502	Criminal Counsel-Non	1100990-2015	Contingencies
$	10,564.00	1100250-2571	Criminal Expert-Homic	1100990-2015	Contingencies
$	225,000.00	1100250-2574	Criminal Expert-Non H	1100990-2015	Contingencies
$	10,000.00	1100250-2575	Investigator-Non Homi	1100990-2015	Contingencies
$	44,318.00	1100250-3349	Court Facilities Payme	1100990-2015	Contingencies
$	9,118.00	1100250-3940	Purchasing & Dispositi	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.) Transfer from Contingencies for indigent defense services.

b.) Previous transfers from contingencies lower than anticipated for FY 2025-26.

c.) Expenditures were incurred during FY 2025-26.

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 _____