COUNTY OF HUMBOLDT
REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

 # A _____

DEPARTMENT: DHHS-Social Services DEPARTMENT #: 1160-520-007 POSTING DATE: 9/12/2023

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
	Increase/decrease budget unit appropriation (with Board approval)*	Original +1
	Establish/transfer funds in Fixed Assets <$10,000 (CAO & Auditor Approval)	Original +1
X	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:
$2,100,000.00	1160-520-007-8998	Building Improvements	1160-520-007-2118	Professional & Special Services

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.) Expenditures are going to be reported to Building Improvements line item (Line Item #8998) instead of the Professional & Special Services line item (Line Item #2118).

b.) It is covered by Homeless Housing, Assistance and Prevention (HHAP) funds that have come in from the State. It was budgeted in another line item mentioned in a above.

c.) This transfer would ensure the expenses are being coded correctly the first time.

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 _____