

COUNTY OF HUMBOLDT
REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

A _____

DEPARTMENT: PROBATION DEPARTMENT #: 235 POSTING DATE: 2/1/2024

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

<input type="checkbox"/>	Transfer within expenditure/revenue category (with Auditor Approval)	Original only
<input checked="" type="checkbox"/>	Transfer between expenditure/revenue category (with CAO & Auditor Approval)	Original +1
<input type="checkbox"/>	Increase/decrease Intrafund Transfer account (with Board Approval)*	Original +1
<input type="checkbox"/>	Transfer to or from Contingencies (with Board Approval)*	Original +1
<input type="checkbox"/>	Increase/decrease budget unit appropriation (with Board approval)*	Original +1
<input type="checkbox"/>	Establish/transfer funds in Fixed Assets <\$10,000 (CAO & Auditor Approval)	Original +1
<input checked="" type="checkbox"/>	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:
	\$ 12,000.00	1100235-8986	Equipment	1100235-2122	Minor Equipment

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 provide an additional appropriation in the 08 budget category for the purchase of a county managed switch in order to upgrade the phone system

b.) The line item of 2122 is untouched at this point of FY 23/24 and contains enough a sufficient appropriation to transfer some funds into the 08 budget category for this purchase

c.) I.T. would like to move forward on this project as soon as possible and this transfer will allow for the purchase of needed equipment in FY 23/24

4.) Department Head Approval: _____ Date 3/4/2024 (signed) **APPROVED**
By Elisha Hardison at 2:24 pm, Mar 14, 2024

5.) Balances verified by Auditor-Controller _____ Date _____ (signed) **APPROVED**
By Cheryl Dillingham at 3:26 pm, Mar 14, 2024

6.) _____/Approved _____/Not approved _____/Recommended _____/Not recommended

County Administrative Officer: _____ Date _____ (signed) _____

INSTRUCTIONS

SEND ORIGINAL REQUEST FOR BUDGET TRANSFER DIRECTLY TO THE AUDITOR-CONTROLLER.

