

COUNTY OF HUMBOLDT  
REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

# A \_\_\_\_\_

DEPARTMENT: Indigent Defense

DEPARTMENT #: 250 POSTING DATE: 6/30/2021

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
<b>X</b>	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

	Transfer to Account:		Transfer from Account:		
2.)	Amount:	Number:	Name:	Number:	Name:
	\$ 260,000.00	1100250-9360	GF Contribution	1100990-9360	GF Contribution Contingencies
	\$ 260,000.00	1100250-2118	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.) Expenditures exceed the appropriations for FY20-21 in 1100250, a mandated program, to be covered by contingency.

b.) The contingencies 1100990 has a remaining balance of \$1,417,577 in FY 20-21.

c.) The expenditures have been incurred in FY 20-21.

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.