COUNTY OF HUMBOLDT REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

| | DEPARTMENT: | Indigent Defense | _ DEPAR | TMENT #:250 | POSTING DATE: | 6/30/2022 |
|---------------|-------------------------------|---|--|------------------------------|-----------------------------|---|
| 1.) T | he reason for this | Transfer between ex | enditure/revenue category kpenditure/revenue catego | ory (with CAO & Audit | or Approval) | Original only Original +1 |
| | X | Transfer to or from Contingencies (with Board Approval)* Increase/decrease budget unit appropriation (with Board approval)* Orig Establish/transfer funds in Fixed Assets <\$10,000 (CAO & Auditor Approval) Orig | | | | Original +1 Original +1 Original +1 Original +1 Original +1 |
| | | | 1103 111 1 1XCU 733013 7 \$10 | ,000 (With Board Appl | ovaij | Original |
| ٠, | _ | | to Account: | | er from Account: | |
| 2.) | Amount: | Number: | Name: | Number: | Name | |
| | \$ 466,000.00 | 1100250-9360 | GF Contribution | 1100990-9360 | GF Contribution C | contingencies |
| | \$ 341,000.00 \$ 80,000.00 | 1100250-2118 1100250-2218 | Professional Services | 1100990-2015 | Contingencies | |
| | \$ 80,000.00 \$ 45,000.00 | 1100250-2218 | Recording & Transcrip Court Facilities Payme | 1100990-2015 1100990-2015 | Contingencies Contingencies | |
| | φ 45,000.00 | 1100250-3349 | Court Facilities Payme | 1100990-2015 | Contingencies | |
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| 3.) I | • | ` ' | ansfer request, (b) reasor | • | ent balances in | |
| م ۱ ۵ | | | cannot be delayed until ne or FY21-22 in 1100250, a | | a ha aayarad by aa | ntingonov |
| a.) ⊏ | xperiditures exceed | i trie appropriations it | DI F121-22 III 1100250, a | manuateu program, t | o be covered by co | nungency. |
| b)T | he contingencies 1 | 100990 has a remain | ing balance of \$1,302,276 | in FY 21-22 | | |
| <i>D.</i>) 1 | no contingencies i | Toodoo Hao a Tomanii | ing balance of φ1,002,210 | | | |
| c.) T | he expenditures ha | ve been incurred in F | Y 21-22. | | | |
| | | | | | | |
| 4.) D | epartment Head Ap | oproval: | Date | (signed) | | |
| , _ | - p-a | | _ | (e.ga) | | |
| 5 \ D | | A 1'' O 1 II | Б. 1 | / · 1) | | |
| 5.) B | alances verified by | Auditor-Controller | Date _ | (signed) | | |
| 6) | /Approved | /Not approved | /Recommended | /Not recomm | nended | |
| / _ | | | | | | |
| | County Adminis | strative Officer: | Date _ | (signed) | | |
| | | | INSTRUCTIONS | | | |
| | | | | | | |
| SEN | O ORIGINAL REQUE | ST FOR BUDGET TRA | NSFER DIRECTLY TO THE | AUDITOR-CONTROLLI | ER. | |
| | | er to be attached | | Posted by | | |