

COUNTY OF HUMBOLDT  
REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

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

DEPARTMENT:     Sheriff    

DEPARTMENT #:     25     POSTING DATE:     6/30/2022    

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:	
	Amount:	Number:	Name:	Number:	Name:
2.)	\$ 149,556.00	1100490-9360	GF Contribution	1100990-9360	GF Contribution Contingencies
	\$ 149,556.00	1100490-3175	Jail Catastrophic	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 FY21-22 in 1100490, a mandated program, to be covered by contingency.

b.) The contingencies 1100990 has a remaining balance of \$1,302,276 in FY 21-22.

c.) The expenditures have been incurred in FY 21-22.

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.