

COUNTY OF HUMBOLDT
REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

A _____

DEPARTMENT: DHHS-Mental Health

DEPARTMENT #: 424

POSTING DATE: 7/1/2023

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:
	\$ 15,500.00	1170424 8451	Oven	1170424 2120	Rents & Leases-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 establish fixed asset line item for SV kitchen equipment
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- b.) Anticipated cost savings based on prior FY actual.
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- c.) Replacement of commercial range/oven is necessary to address safety and quality concerns.
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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.