

COUNTY OF HUMBOLDT  
REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

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

DEPARTMENT:     Sheriff    

DEPARTMENT #:     25     POSTING DATE: \_\_\_\_\_

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

	Transfer to Account:		Transfer from Account:	
2.) <b>Amount:</b>	Number:	Name:	Number:	Name:
\$ 11,000.00	1100221960-8986	Equipment	1100221960-2118	Professional & Special Service
\$ 6,000.00	1100221960-8986	Equipment	1100221960-3262	Contributions-Other
\$ 1,640.00	1100221960-8986	Equipment	1100221960-1100	Salaries And Wages
\$ 11.00	1100221960-8986	Equipment	1100221960-1450	Unemployment Insurance
\$ 2,683.00	1100221960-8986	Equipment	1100221960-1460	Overtime
\$ 1,387.00	1100221960-8986	Equipment	1100221960-1470	Health Insurance
\$ 3.00	1100221960-8986	Equipment	1100221960-1471	Life & Air Travel Insurance
\$ 96.00	1100221960-8986	Equipment	1100221960-1472	Dental Insurance
\$ 2,260.00	1100221960-8986	Equipment	1100221960-1500	Retirement
\$ 87.00	1100221960-8986	Equipment	1100221960-1510	PARS Contribution
\$ 241.00	1100221960-8986	Equipment	1100221960-1600	FICA/Medicare/OASDI

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.) Insufficient appropriations in org key 8986 to make this purchase.  
Grant approved fixed asset purchase, moving funds between budget line items to cover
- b.) No change to overall grant award, just accounting correction
- c.) This grant award and this purchase are for the current fiscal year

4.) Department Authorization: 
**APPROVED** Date \_\_\_\_\_ (signed) \_\_\_\_\_  
*By Regina Fuller at 1:27 pm, Aug 31, 2023*

5.) Account balances verified by Auditor-Cont \_\_\_\_\_ 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.

18.300%