## COUNTY OF HUMBOLDT REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

# A

	DEPARTMENT:	PROBATION	DE	:PARTMENT #:	294	POSTING DATE	: <u>2/1/2024</u>	
1.)	The reason for this	budget transfer reque		ategory (with Au	ditor Approv	val)	Original only	
	Transfer within expenditure/revenue category (with Auditor Approval)  Orig  X Transfer between expenditure/revenue category (with CAO & Auditor Approval)  Increase/decrease Intrafund Transfer account (with Board Approval)*  Original Transfer to or from Contingencies (with Board Approval)*  Increase/decrease budget unit appropriation (with Board approval)*  Original Transfer within expenditure/revenue category (with Auditor Approval)  Original Transfer within expenditure/revenue category (with CAO & Auditor Approval)  Original Transfer within expenditure/revenue category (with Auditor Approval)  Original Transfer within expenditure/revenue category (with CAO & Auditor Approval)  Original Transfer within expenditure/revenue category (with CAO & Auditor Approval)  Original Transfer within expenditure/revenue category (with CAO & Auditor Approval)  Original Transfer within expenditure/revenue category (with CAO & Auditor Approval)  Original Transfer within expenditure/revenue category (with Board Approval)  Original Transfer within expenditure/revenue category (with CAO & Auditor Approval)  Original Transfer within expenditure/revenue category (with Board Approval)  Original Transfer within expenditure/revenue category (with CAO & Auditor Approval)  Original Transfer within expenditure/revenue category (with CAO & Auditor Approval)  Original Transfer within expenditure/revenue category (with CAO & Auditor Approval)  Original Transfer within expenditure/revenue category (with CAO & Auditor Approval)							
	X	Establish/transfer funds in Fixed Assets <\$10,000 (CAO & Auditor Approval)  Establish/transfer funds in Fixed Assets >\$10,000 (with Board Approval)*  Original						
2 )	Amazzata	Transfer to Number:	Ni	Transfer from Account: Number: Name:				
2.)	<b>Amount:</b> \$ 12,000.00	Number: Name: 3741294-8986 Equipment			mber: 294-3999	Support & Care of Persons		
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				_				
o \ .					"			
3.) I		state (a) reason for tr , and (c) why transfer				cient balances in		
a.) T		onal appropriation in t				ounty managed s	witch in	
	r to upgrade the ph		oo saagot oatt	go.y .oo pa.	<u> </u>	oumy managea e		
b.) T	he line item of 399	9 is underspent at this		and contains e	nough a suf	ficient appropriati	on to transfer	
		budget category for th		71. 141.				
	1. would like to moded and the second	ve forward on this pro	ject as soon as po	essible and this t	transfer will a	allow for the purch	nase of	
Heec	dea equipment in i	1 23/24						
4.) C	Pepartment Head A	pproval:	D	ate <u>3/4/2024</u>	(signed)	APPROVED  By Ellisha Hardison at 2:25	pm, Mar 14, 2024	
5.) B	Balances verified by	Auditor-Controller	D	ate	(signed)	APPROVED  By Cheryl Dillingham at 3:27	pm, Mar 14, 2024	
6.) _	/Approved	/Not approved	/Recomi	mended	_/Not recom	ımended		
	County Adminis	strative Officer:	D	ate	(signed)			
			INSTRUC	TIONS				
SENI	D ORIGINAL REQUE	ST FOR BUDGET TRAN	NSFER DIRECTLY	TO THE AUDITOF	R-CONTROLL	ER.		
* Red	quires copy of Board Ord	der to be attached	Revised 03/19		Posted by			