COUNTY OF HUMBOLDT REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

	DEPARTMENT:	Sheriff Measure Z	_ DEPA	RTMENT #:297	7 POSTING DAT	E: 6/30/2022
1.) 7	Γhe reason for this Ι	oudget transfer reque		rv (with Auditor App	roval)	Original only
Transfer within expenditure/revenue category (with Auditor Approval) Transfer between expenditure/revenue category (with CAO & Auditor Approval) Increase/decrease Intrafund Transfer account (with Board Approval)*						Original +1
						Original +1
	Transfer to or from Contingencies (with Board Approval)*					
			oudget unit appropriation		val)*	Original +1
			nds in Fixed Assets <\$1			Original +1
	X			0,000 (with Board Approval)* Original +1		
		Establish/transfer ra	11α3 111 1 1λοα /103013 /ψ1	o,ooo (wiiii boala /	τρρισται)	Original
2.)	Amount:	Transfer t Number:	to Account: Name:	Transfer from Account: Number: Name:		
۷.,	\$ 492,112.00	11002976115	Cont Communication	11002978074		
	\$ 20,500.00	11002976115	Cont Communication	11002978074	Professional Se	
	\$ 30,000.00	11002976115	Cont Communication	11002979110	Interfund Exper	naiture
3.) I	n the space below.	state (a) reason for tr	ansfer request, (b) reas	on why there are su	ifficient balances in	
,	•	` '	cannot be delayed until	•		
a.) E			o Infrastructure Improve		the Communication	s budget
		,	to the Communications	, ,		o saaget
_	, .		21-22 and there are suf		this transfer	
D.) I	mo weasare z proje	sot was farfaca iii i i	ZT ZZ drid trioro dro sur	HOIOTIC TO VOTIGOS TOT	tillo transier.	
c.) T	he fixed asset shou	ld not move to FY 22	-23 as Communications	will need this fundir	ng to pay for related	expenses.
				APPROVED		
4.) D	epartment Head Ap	oproval:	Date	(sign)	ed)	00 0000
			E	sy Regina Fulle	r at 9:53 am, Ma	ly 08, 2023
			_	, .		
5.) B	salances verified by	Auditor-Controller	Date	(signe	ed)	
6.)	/Approved	/Not approved	/Recommende	d /Not room	ommended	
6.) _	/Apploved	/Not approved	/Necommende	:u/NOLIECC	APPROVED	
	County Adminis	strative Officer	Doto	(oign)	By Sean Quincey at 2:	26 pm, May 08, 2023
	County Adminis	strative Officer.	Date	(signe	ea) <u> </u>	
			INSTRUCTION	<u> </u>		
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SENI	D ORIGINAL REQUE	ST FOR BUDGET TRAI	NSFER DIRECTLY TO TH	E AUDITOR-CONTRO	OLLER.	
* Poo	ruires conv of Board Ord	or to be attached	Revised 03/10	Poster	1 hv	