

COUNTY OF HUMBOLDT
REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

A _____

DEPARTMENT: DHHS-Social Services

DEPARTMENT #: 1160-520-007 POSTING DATE: 9/12/2023

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:
	\$2,100,000.00	1160-520-007-8998	Building Improvements	1160-520-007-2118	Professional & Special Services

- 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 are going to be reported to Building Improvements line item (Line Item #8998) instead of the Professional & Special Services line item (Line Item #2118).
 - b.) It is covered by Homeless Housing, Assistance and Prevention (HHAP) funds that have come in from the State. It was budgeted in another line item mentioned in a above.
 - c.) This transfer would ensure the expenses are being coded correctly the first time.

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.