## COUNTY OF HUMBOLDT REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

# A

DEPA	RTMENT:	PHEP Lab	_ DEI	PARTMENT #	#: <u>1175-45500´</u>	1 POSTING DATE	: 4/1/2024
1.) The rea	son for this	budget transfer reque					
							Original only
							Original +1 Original +1
		Increase/decrease b					Original +1 Original +1
		Establish/transfer funds in Fixed Assets <\$10,000 (CAO & Auditor Approval) Original +1					
	Х	Establish/transfer fu	nds in Fixed Assets	>\$10,000 (wi	th Board Appro	val)*	Original +1
	Transfer to Account:						
2.) <b>A</b> n	nount:	Number: Name:		Ν	Transfer Number:	Name:	
\$21,58			Equipment	_	5001-1475	Salaries/ Benefit	
				_			
				_			
	<u> </u>						
		state (a) reason for tr , and (c) why transfer				ent balances in	
		Nivo Multimode Plate			get year.		
<u></u>							
b.) Salary S	avings for F	Y23/24. Grant funding	g.				
c.) Purcha	se Made in	FY 23/24					
4.) Departm	ent Authoriz	zation:	Date	е	(signed)		
, .							
					APPROVED		
5.) Account	balances ve	erified by Auditor-Con	t Date	e	ISIGHEOD	am at 8:56 am, May 30, 202	4
6.)/A	pproved	/Not approved	/Recomme	ended	/Not recomm	ended	
Cou	unty Admini	strative Officer:	Date	e	(signed)		
			NOTOLO				
			INSTRUCT	IUN5			
SEND ORIGI	NAL REQUE	ST FOR BUDGET TRA	NSFER DIRECTLY TO	THE AUDITO	R-CONTROLLEF	۲.	
* Requires copy of Board Order to be attached Revised 05/16					Posted by		