COUNTY OF HUMBOLDT REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

A _____

	Department:	Sheriff's Office	Department #	25	Posting I	Date 3/1/2025	
1.) T		this budget transfer re		, (with AC	2 Approval)	Original only	
_	Transfer within expenditure/revenue category (with A				,	Original only	
_	Transfer between expenditure/revenue category (with CAO & AC Approval) Increase/decrease Intrafund Transfer account (with Board Approval)*					· ·	
_			•	• • • •	Original +1		
_		Transfer to or from Contingencies (with Board Appro			•	Original +1	
_			dget unit appropriation	•		Original +1	
_		Establish/transfer funds in Fixed Assets <\$10,000 (Establish/transfer funds in Fixed Assets >\$10,000 (,	•	
_		Establish/transfer fun	ds in Fixed Assets >\$10),000 (wi	th Board Approval)	* Original +1	
2)		Transfer to Account			Transfer from Account:		
	Amount:	Number:	Name:		Number:	Name:	
_	50,000.00	3644265-2611	Special Investigation	ons	3644265-2123	Special Departmental	
_							
_							
_		-					
_		-			-		
_							
_							
_							
_							
_							
-	-		r transfer request, (b) r		•	ient balances in	
		• • •	r cannot be delayed un				
a.) <u>⊺</u>	o move approp	riations to the Special I	nvestigation object code	for grea	ter transparency		
_							
<u> -</u> ۲	ha appropriatio	no wore budgeted in 21	22 Chariel Department	al for EV	2024 25		
	e appropriations were budgeted in 2123 Special Departmental for FY2024-25 Auditor-Controller guidance, the funds need to be moved for greater transparency and accurate accounting.						
c., <u> </u>	el Additol-Com	iroller guidance, the full	as need to be moved to	n greater	tiansparency and	accurate accounting.	
					ADDI	ROVED	
4.) D	epartment Hea	d Approval	Date:		(Signed)	NOVED gina Fuller at 10:05 am, Mar 06, 2025	
_					by Reg	gina Funer at 10.05 am, mai 00, 2025	
5 \ B	alancos vorifio	d by Auditor-Controlle	er Date:		(signed)		
э.) Б	alances verine	a by Auditor-Controlle	e Date.		(signed)		
- 6.)	/Approved	/Not approv	ed/Recommer	nded	/Not recomm	andad	
J.,	/ Appi oveu		ca/ Necomme	ided _		ichiacu	
C	County Administ	rative Officer:	Date:		(signed)		
-			INSTRUC	TIONS			
			TRANSFER DIRECTLY 1	O THE A			
*	Requires copy of E	Board Order to be attached	Revised 03/19		Posted	d by:	