COUNTY OF HUMBOLDT REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

A_____

	Department:	Sheriff's Office	Department #	25	Posting Date	5/5/2025
1.)	The reason for	Transfer between expenditure/revenue category (with CAO & AC Approval)CIncrease/decrease Intrafund Transfer account (with Board Approval)*CTransfer to or from Contingencies (with Board Approval)*CIncrease/decrease budget unit appropriation (with Board approval)*CEstablish/transfer funds in Fixed Assets <\$10,000 (CAO & AC Approval)C				Original only Original +1 Original +1 Original +1 Original +1 Original +1 Original +1
2)		Trans		Transfer from Account:		
2)	Amount: 83,721.00	Number: 1100243-8986	sfer to Account Name: Equipment	11	Number: 00243-2112	Name: Maintenance - Equipment
3.)	•	• • •	or transfer request, (b) ı er cannot be delayed ur	•		balances in
a.)			nt costs that are fixed as	-	•	
	Funds are available to cover equipment. Equipment needed now.					
4.)	Department Hea	id Approval	Date:	(signe	d)	
5.)	Balances verifie	ed by Auditor-Contro	ller Date:	(signe	d)	
6.)	/Approved	l/Not appro	ved/Recomme	ended/	Not recommend	led
	County Administ	rative Officer:	Date:	(signe	d)	
	INSTRUCTIONS					
	SEND ORIGINAL REQUEST FOR BUDGET TRANSFER DIRECTLY TO THE AUDITOR-CONTROLLER.					

* Requires copy of Board Order to be attached Revised 03/19