## COUNTY OF HUMBOLDT REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

# A \_\_\_\_\_

	DEPARTMENT:	Sheriff's Department	DEP	ARTMENT #: 25	POSTING DATE	: 2/1/2023	
1.) 7	.) 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)  Increase/decrease Intrafund Transfer account (with Board Approval)*  Original +1						
	X	Transfer to or from Contingencies (with Board Approval)*  Original +1  Increase/decrease budget unit appropriation (with Board approval)*  Establish/transfer funds in Fixed Assets <\$10,000 (CAO & Auditor Approval)  Original +1  Establish/transfer funds in Fixed Assets >\$10,000 (with Board Approval)*  Original +1  Original +1					
		Transfer to	Account: Transfe		nsfer from Account:	er from Account:	
2.)	Amount:	Number:	Name:	Number:	Nam		
,	\$ 50,105.00	1100-221800-9360		1100990-9360			
	\$ 24,226.00	1100-221800-1100	ŭ	1100990-2015		Contangencies	
	\$ 51.00	1100-221800-1450	,				
	\$ 5,933.00	1100-221800-1470		1100990-2015			
		1100-221800-1471		1100990-2015			
	\$ 12.00 \$ 180.00	1100-221800-1471		1100990-2015			
		1100-221800-1472		1100990-2015			
	\$ 7,365.00 \$ 485.00 \$ 1,853.00	1100-221800-1510		1100990-2015			
	\$ 1,853.00	1100-221800-1510		1100990-2015			
	\$ 8,000.00	1100-221800-1000		1100990-2015			
	\$ 2,000.00	1100-221800-2117		1100990-2015			
	φ 2,000.00	1100-221000-2123	ореска Берг	1100990-2013	Contingencies		
	-			-			
				•			
3.) I		, state (a) reason for tra					
affected accounts, and (c) why transfer cannot be delayed until next budget year.							
a.) To fund a Resiliency Coordinator from GF contingencies per BOS request.							
		0.1.01					
	unds available per						
c.) B	OS approving a po	osition now.					
4.) Department Head Approval:  Date  APPROVED signed  By Regina Fuller at 9:04 am, Jan 24, 2023							
5.) B	alances verified by	/ Auditor-Controller	Date	APPROVED signe	ed)		
,	•			By Cheryl Dillingham at	3:20 pm, Jan 25, 2023		
6.)_	/Approved	/Not approved	/Recomme	nded/Not re	commended		
				_			
	County Admini	istrative Officer:	Date	(signe	ed)		
			INSTRUCTIO	 NS			
SENI	O ORIGINAL REQUE	EST FOR BUDGET TRAN	ISFER DIRECTLY TO	THE AUDITOR-CONTF	ROLLER.		
* Rec	uires copy of Board Or	der to be attached	Revised 03/19	Posted	l by		