COUNTY OF HUMBOLDT REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

DEPARTMENT: _	Capital Projects	_ DEPAI	RTMENT #:170	POSTING DATE:	4/18/2023
.) The reason for this	Transfer between ex Increase/decrease In Transfer to or from C Increase/decrease b Establish/transfer fu	est is: nditure/revenue catego cpenditure/revenue cate ntrafund Transfer accor Contingencies (with Boa oudget unit appropriatio nds in Fixed Assets <\$ nds in Fixed Assets >\$	egory (with CAO & Aud unt (with Board Appro ard Approval)* n (with Board approva 10,000 (CAO & Audito	litor Approval) val)* l)* r Approval)	Original only Original +1 Original +1 Original +1 Original +1 Original +1 Original +1
	Transfer to Account:		Transfer from Account:		
.) Amount:	Number: Name:		Number: Nam		e :
\$ 100,000.00	1100170-9360	GF Contribution	1100888-9360	GF Contribution	
) In the space below	state (a) reason for t	ransfer request, (b) rea	son why there are suff	icient halances in	
		cannot be delayed unti		icient balances in	
				f 0000 -	la a a la a
.) For engineering review	ew and documentation	n of seismic damages t	o county owned buildi	ngs from 2022 eart	nquake
.)					
)					
·)					
.)					
·/					
	onroval:	Date	(signed)		
	oproval:	Date	(signed)		
.) Department Head Ap	oproval:	Date	(signed)		
.) Department Head Ap					
.) Department Head Ap		Date Date	(signed)		
.) Department Head Ap					
.) Department Head Ap					
.) Department Head Ap .) Balances verified by	Auditor-Controller	Date	(signed)	nmended	
		Date	(signed)	nmended	
.) Department Head Ap .) Balances verified by .)/Approved	Auditor-Controller/Not approved	Date/Recommend	(signed)	nmended	
.) Department Head Ap .) Balances verified by	Auditor-Controller/Not approved	Date	(signed)	nmended	
.) Department Head Ap .) Balances verified by .)/Approved	Auditor-Controller/Not approved	Date/Recommend	(signed) APPROVEI By Karen Clow	nmended	
.) Department Head Ap .) Balances verified by .)/Approved	Auditor-Controller/Not approved	Date/Recommend	(signed) APPROVEI By Karen Clow	nmended	
) Department Head Ap) Balances verified by)/Approved County Adminis	Auditor-Controller/Not approved	Date/Recommend	(signed) APPROVEI By Karen Clow	nmended D ver at 3:33 pm,	

Revised 03/19

* Requires copy of Board Order to be attached

Posted by _____