

COUNTY OF LAKE
OFFICE OF THE AUDITOR-CONTROLLER

COUNTY OF LAKE

BUDGET TRANSFER

Fiscal Year: 23/24

<p>Budget Title: <u>Sheriff/Search and Rescue</u> Budget Unit No. <u>2218</u></p>	<p>Budget Transfer #B <u> </u> (Admin. Office Completes this section)</p>
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TRANSFER FROM:

From: Fund 187 Dept 2218
(000) (0000)

<u>Account</u> (000.00-00)	<u>Account Title</u>	<u>Amount</u>
<u>722.28-30</u>	<u>Special Department</u>	<u>\$3,500</u>
<u> </u>	<u> </u>	<u>\$</u>
<u> </u>	<u> </u>	<u>\$</u>
<u> </u>	<u> </u>	<u>\$</u>
<u> </u>	<u> </u>	<u>\$</u>

TRANSFER TO:

To: Fund 187 Dept 2218
(000) (0000)

<u>Account</u> (000.00-00)	<u>Account Title</u>	<u>Amount</u>
<u>722.62-74</u>	<u>Fixed Assets</u>	<u>\$3,500</u>
<u> </u>	<u> </u>	<u>\$</u>
<u> </u>	<u> </u>	<u>\$</u>
<u> </u>	<u> </u>	<u>\$</u>
<u> </u>	<u> </u>	<u>\$</u>

Department's explanation of why savings will be available in the account from which the money is requested to be transferred:

Department's justification & explanation of why transfer is necessary (A brief statement such as, "To cover anticipated deficit," is not adequate and, therefore, not acceptable.)

Transfer requested to cover the cost of an OHV for SAR

Authorized Department Signature: 

Date:

☐ APPROVED

☐ DENIED

COUNTY ADMINISTRATIVE OFFICER DATE

CHAIRPERSON, BOARD OF SUPERVISORS DATE

Auditor-Controller Use Only

Date JE# By: