

COUNTY OF LAKE  
OFFICE OF THE AUDITOR-CONTROLLER

COUNTY OF LAKE

**BUDGET TRANSFER**

Fiscal Year: 18/19

Budget Title: Social Serv/General Welfare  
Budget Unit No. 5011/5121

**Budget Transfer #B** \_\_\_\_\_  
(Admin. Office Completes this section)

**TRANSFER FROM:**

From: Fund 168 Dept 5011  
(000) (0000)

<u>Account</u> (000.00-00)	<u>Account Title</u>	<u>Amount</u>
<u>750.01-11</u>	<u>Salaries &amp; Wages-Perm</u>	<u>\$200,000</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**TRANSFER TO:**

To: Fund 169 Dept 5121  
(000) (0000)

<u>Account</u> (000.00-00)	<u>Account Title</u>	<u>Amount</u>
<u>751.40-40</u>	<u>Child &amp; Welfare/Foster Care</u>	<u>\$200,000</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

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

Vacant positions have caused salary savings.

*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.)*

Foster Care payments have been higher than expected.

Authorized Department Signature: \_\_\_\_\_

Date: \_\_\_\_\_

☐ APPROVED

☐ DENIED

\_\_\_\_\_  
COUNTY ADMINISTRATIVE OFFICER DATE

\_\_\_\_\_  
CHAIRPERSON, BOARD OF SUPERVISORS DATE

Auditor-Controller Use Only

Date \_\_\_\_\_ JE# \_\_\_\_\_ By: \_\_\_\_\_