

COUNTY OF LAKE  
OFFICE OF THE AUDITOR-CONTROLLER

COUNTY OF LAKE

**BUDGET TRANSFER**

Fiscal Year: 19/20

Budget Title: Behavioral Health  
Budget Unit No. 4014

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

**TRANSFER FROM:**

From: Fund 145 Dept 4014  
(000) (0000)

<u>Account</u> (000.00-00)	<u>Account Title</u>	<u>Amount</u>
<u>740.63-13</u>	<u>Capital Asset Improvement</u>	<u>\$85,000</u>
_____	_____	<u>\$</u> _____
_____	_____	<u>\$</u> _____
_____	_____	<u>\$</u> _____
_____	_____	<u>\$</u> _____

**TRANSFER TO:**

To: Fund 145 Dept 4014  
(000) (0000)

<u>Account</u> (000.00-00)	<u>Account Title</u>	<u>Amount</u>
<u>740.62-74</u>	<u>Capital Assest</u>	<u>\$85,000</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:*

These funds have not been used for Improvements.

*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.)*

LCBH will need to operate during a power outage so allocation for the installation of a generator at the our Clearlake clinic is necessary.

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

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

☐ APPROVED

☐ DENIED

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

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

Auditor-Controller Use Only

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