

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><br>(000.00-00) | <u>Account Title</u> | <u>Amount</u> |
|-------------------------------|----------------------|---------------|
|-------------------------------|----------------------|---------------|

|           |             |          |
|-----------|-------------|----------|
| 740.01-11 | Perm Salary | \$85,000 |
| _____     | _____       | \$ _____ |
| _____     | _____       | \$ _____ |
| _____     | _____       | \$ _____ |
| _____     | _____       | \$ _____ |

**TRANSFER TO:**

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

| <u>Account</u><br>(000.00-00) | <u>Account Title</u> | <u>Amount</u> |
|-------------------------------|----------------------|---------------|
|-------------------------------|----------------------|---------------|

|           |                           |          |
|-----------|---------------------------|----------|
| 740.63-13 | Capital Asset Improvement | \$85,000 |
| _____     | _____                     | \$ _____ |
| _____     | _____                     | \$ _____ |
| _____     | _____                     | \$ _____ |
| _____     | _____                     | \$ _____ |

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

Salary savings exist due to unfilled positions.

*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 under budgeted for our capital improvement projects. This transfer should cover the FY 19-20 budget through the end of the year.

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

Date: 3/16/2020

☐ APPROVED

☐ DENIED

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

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

Auditor-Controller Use Only

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