

COUNTY OF LAKE  
OFFICE OF THE AUDITOR-CONTROLLER

COUNTY OF LAKE

**BUDGET TRANSFER**

Fiscal Year: \_\_\_\_\_

Budget Title: \_\_\_\_\_  
Budget Unit No. \_\_\_\_\_

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

**TRANSFER FROM:**

**TRANSFER TO:**

From: Fund \_\_\_\_\_ Dept \_\_\_\_\_  
(000) (0000)

To: Fund \_\_\_\_\_ Dept \_\_\_\_\_  
(000) (0000)

Account Account Title Amount  
(000.00-00)

Account Account Title Amount  
(000.00-00)

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***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.)***

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

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

☐ APPROVED

☐ DENIED

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

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

Auditor-Controller Use Only

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