



County of Modoc

Transfer No. \_\_\_\_\_

Dept: Treasurer-Tax Collector

Request for Transfer of Budget Allotments or Funds

To the Honorable Board of Supervisors:

I hereby request your approval of the following transfer of Departmental Budget allotments or funds.

Fiscal Year ending June 30, 2020

I. Fund	II. Org	III. Account	IV. Expense Category	V. Approved Budget Amount	VI. Amount of Change + or -	VII. Total Budget Amount after Modification
001	1140	7031	Treasurer - Retirement	7,488.00	18.00	7,506.00
001	1140	7033	Treasurer - Employee Group Ins	14,597.00	150.00	14,747.00
001	1140	7180	Treasurer - prof & specialized	24,500.00	140.00	24,640.00
001	1140	7250	Treasurer - Transportation & travel	750.00	(308.00)	442.00
001	1160	7003	Tax Collector - Term/vac/sick pay	1,010.00	(1,010.00)	-
001	1160	7016	Tax Collector - Vacation/Comp	-	1,010.00	1,010.00
						-
						-
						-
						-
						-
				48,345.00	-	48,345.00

Reason for Transfer

Budget adjustments for 2019-2020 - Cover Salaries & Benefits for Treasurer budget from Transportation & travel

Correct budget line item for Vacation/Comp Buyout that was paid out (should have been 1160-7016)

Approved as to Accounting Principles and availability of funds

Approved this \_\_\_\_\_ day of \_\_\_\_\_, 2020

Prepared by \_\_\_\_\_ Date \_\_\_\_\_

Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_

Chairman, Board of Supervisors (if needed per Budget Modification Procedure)

County Administrative Officer \_\_\_\_\_ Date \_\_\_\_\_

County Auditor Signature \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_, in and for the County of Modoc,

(Name) (Title)

State of California, do hereby certify that the above and foregoing is a full, true and correct budget modification as approved

by the Board of Supervisors on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

WITNESS my hand and seal of the Board of Supervisors.

\_\_\_\_\_  
Clerk of the Board of Supervisors/Deputy