Siskiyou County Auditor's Office BUDGET APPROPRIATION TRANSFER REQUEST										EST	RESOLUTION NO:	
DEPARTMENT			BEHAVIORAL HEALTH - LOCAL MHSA						Date:	2/3/2022		
FISCAL	YEAR	21/22]									
Due to	a budget	deficiency	y, or unanticipated expense, I am requesting a	transfer,	or an ac	ppropriation as listed below:				Rule Code	BD0	
approv From:	red by th Fund Ba	e board lance: 2								PEI) program. The MHSA Annual Plan U n and outreach programs after adopted I		22 was
		BUDO	GET TRANSFER FROM:				BUDGET TRANSFER TO:					
FUND	ORG #	ACCT	ACCOUNT	ACTV			FUND	ORG	ACCT	ACCOUNT	ACTV	AMOUNT
#		# 461015	NAME FUND BALANCE - MHSA PREV AND EARLY INTERV	#	AW	IOUNT 50,000	# 2129	# 401031	# 723000	PROFESSIONAL SERVICES	#	AMOUNT 50,000
						00,000	2.20	101001				
			Total Journa	al	\$	50,000				Total Jou	ırnal	\$ 50,000
												\$ 50,000
		DATOD	DATE	_	0101				1.4.1			
	ADMINIST	RATOR	DATE			NATURE OF	F REQUEST	ING OFFIC	IAL	DATE		
Official U	se Only:		BOARD ACTION REQUIRED?	YES	х		NO					
AYES:							NOES:			ABS	ENT:	
					_							
CHAIR, BOARD OF SUPERVISORS							CLERK O	F THE BOA	RD		DATE	
TRANSF	ER APPRO	VED				JV #						
White - A	uditor											

Canary - Clerk Pink - Originating Department

AUDITOR