

Siskiyou County Auditor's Office
BUDGET APPROPRIATION TRANSFER REQUEST

RESOLUTION NO:

DEPARTMENT _____ **MHSA**

Date: _____ **5/7/2026**

FISCAL YEAR _____ **24/25**

Due to a budget deficiency, or unanticipated expense, I am requesting a transfer, or an additional appropriation as listed below:

Rule Code _____ **BD02**

FY25/26 The Department requests a transfer of funds for MHSA CSS NON-FSP
EQUIPMENT (762000) AND CONTRIBUTIONS TO OTHER AGENCIES (752500) To: PROFESSIONAL SERVICES (723000) due to budget deficiency.

From:

BUDGET TRANSFER FROM:						BUDGET TRANSFER TO:					
FUND #	ORG #	ACCT #	ACCOUNT NAME	ACTV #	AMOUNT	FUND #	ORG #	ACCT #	ACCOUNT NAME	ACTV #	AMOUNT
2129	401031	762000	EQUIPMENT	163	90,188	2129	401031	723000	PROFESSIONAL SERVICES	163	100,188
2129	401031	752500	CONTRIBUTIONS TO OTHER AGENCIES	163	10,000						
Total Journal					\$ 100,188	Total Journal					\$ 100,188
											\$ 100,188

COUNTY ADMINISTRATOR _____ DATE _____

SIGNATURE OF REQUESTING OFFICIAL _____

DATE _____

Official Use Only: BOARD ACTION REQUIRED? YES NO

AYES: _____ NOES: _____ ABSENT: _____

CHAIR, BOARD OF SUPERVISORS _____

CLERK OF THE BOARD _____ DATE _____

TRANSFER APPROVED _____

JV # _____

White - Auditor
Canary - Clerk
Pink - Originating Department

AUDITOR _____