

Siskiyou County Auditor's Office  
**BUDGET APPROPRIATION TRANSFER REQUEST**

**RESOLUTION NO:**  
\_\_\_\_\_

**DEPARTMENT** Alcohol & Drug

**Date:** 7/21/2026

**FISCAL YEAR** 25/26

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 the Alcohol & Drug Program from fund balance. Due to increased volume in Drug Medi-Cal billing the department needs to transfer additional funding into the Professional service account (723000) to pay Partnership Healthcare current year claims.

| BUDGET TRANSFER FROM: |        |        |              |        |           | BUDGET TRANSFER TO: |        |        |                       |        |           |
|-----------------------|--------|--------|--------------|--------|-----------|---------------------|--------|--------|-----------------------|--------|-----------|
| FUND #                | ORG #  | ACCT # | ACCOUNT NAME | ACTV # | AMOUNT    | FUND #              | ORG #  | ACCT # | ACCOUNT NAME          | ACTV # | AMOUNT    |
| 2134                  | 401100 | 461000 | FUND BALANCE |        | 65,000    | 2134                | 401100 | 723000 | PROFESSIONAL SERVICES |        | 65,000    |
|                       |        |        |              |        |           |                     |        |        |                       |        |           |
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|                       |        |        |              |        |           |                     |        |        |                       |        |           |
| Total Journal         |        |        |              |        | \$ 65,000 | Total Journal       |        |        |                       |        | \$ 65,000 |
|                       |        |        |              |        |           |                     |        |        |                       |        | \$ 65,000 |

COUNTY ADMINISTRATOR \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF REQUESTING OFFICIAL [Signature] DATE 7/21/26

**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 \_\_\_\_\_