

COUNTY OF IMPERIAL, CALIFORNIA REQUEST FOR TRANSFER OF APPROPRIATIONS

DATE: _____

DEPARTMENT: _____

TO: AUDITOR-CONTROLLER / CEO

THE FOLLOWING REQUEST IS DEEMED NECESSARY BY THIS DEPARTMENT. WILL YOU PLEASE REPORT AS TO ACCOUNTING AND AVAILABLE BALANCES AND FORWARD TO THE EXECUTIVE OFFICER FOR HIS/HER RECOMMENDATION.

| | ORGANIZATION KEY | OBJECT CODE | DESCRIPTION | AMOUNT | BUDGETED | BALANCE |
|---|------------------|-------------|-------------|--------|----------|---------|
| TRANSFER FROM DEBIT / DR | | | | | | |
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| TRANSFER TO CREDIT / CR | | | | | | |
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EXPLANATION:

AUTHORIZED SIGNATURE

NAME & TITLE

AUDITOR'S REMARKS

AUDITOR'S RECEIVED STAMP

EXECUTIVE OFFICER'S REPORT

CEO'S RECEIVED STAMP

I HEREBY CERTIFY THAT THE BALANCE(S) IS/ARE AVAILABLE IN THE APPROPRIATIONS/FUNDS AND IN THE AMOUNTS SHOWN.

APPROVED
RECOMMENDED TO BOARD
NOT RECOMMENDED OR APPROVED

DEPUTY, AUDITOR-CONTROLLER

COUNTY EXECUTIVE OFFICER