

MEMO SHEET: BUDGET TRANSFER INFORMATION		
Department Name*	Child Support Services	Budget Transfer Type: Transfer 1: BoS Approval
Clerk*	Lori Wood	Document total* \$ 87,678
Contact phone*	642-7204	
BUDGET TRANSFER HEADER		
Prepared date*	1/16/2026 <input checked="" type="checkbox"/> One Time (after Adopted Budget) <input type="checkbox"/> Check Applicable* Continuing (Include in the Adopted Budget)	
Fiscal year		
Short Description* (10 characters)	reallocate	
	Registrar Item Number*	26-0171 23/2026
	Project Strings Required*	
<p>By signing this memo I hereby certify that:</p> <p><u>1.</u> information herein is true and accurate to the best of my knowledge, <u>2.</u> I have been delegated signature authority in accordance with County's policies and procedures and <u>3.</u> all transfers approved on this journal are in compliance with County policies and procedures and any other relevant governmental regulations.</p>		
<p>Authorized signature* Ron [Signature] Jan 20, 2026 08:57:24 PST</p>		
BUDGET TRANSFER JUSTIFICATION AND DESCRIPTION* (will be scanned into FENIX TCM)		
CSS requested reallocation funds from the state for retirement payouts.		

FOR AUDITOR'S OFFICE USE ONLY			
Audit date:	_____	Budget Transfer number:	_____
Audited by:	_____	Interfaced by:	_____
		Processed on:	_____