

### TRANSFER OF APPROPRIATIONS

County, Oklahoma

Fiscal Year Ending

To the Honorable Governing Board:

Due to a need which has arisen in my office or department, and under the authority of 68 O.S. § 3021 and 62 O.S. § 461, I hereby request additional appropriations for current expense in the fund as shown in exhibit B. I further state that I have obtained written consent to the cancellation of appropriations balances detailed in Exhibit A as evidenced by the signature of the department heads in schedule 2. The reason for this requested transfer is as follows:

Respectfully submitted this day of

Signature and Title of Officer(s)/Department Head(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONSENT TO CANCEL:**

I (we) the undersigned official(s)/department head(s) of the above named governmental agency do hereby consent to the cancellation of appropriation balances detailed in Exhibit A.

Signature and Title of Officer(s)/Department Head(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONSENT TO CANCEL AND REQUEST FOR ADDITIONAL NEEDS:**

We the undersigned Governing Board under authority of 68 O.S. § 3021 and 62 O.S. § 461, do hereby consent to the cancellation of the appropriation balances detailed in exhibit A and request that the revenues released be appropriated to the accounts detailed in Exhibit B. We further state that this request is made due to the following reason:

Done in a meeting of the Governing Board of the said government agency and recorded in the minutes of the Secretary or Clerk of said board and signed at \_\_\_\_\_ this day of \_\_\_\_\_

\_\_\_\_\_  
Secretary/Clerk

\_\_\_\_\_  
Chairman  
\_\_\_\_\_  
\_\_\_\_\_

**NOTICE TO COUNTY EXCISE BOARD:**

Pursuant to 62 O.S. § 461, the undersigned County Clerk of \_\_\_\_\_ County, Oklahoma, gives notice to the \_\_\_\_\_ County Excise Board that there has been a transfer of appropriations following the approval by the governing board of \_\_\_\_\_

ATTEST:

\_\_\_\_\_  
County Clerk  
\_\_\_\_\_  
Date

Exhibit A

Unencumbered appropriations account balances as of \_\_\_\_\_ and schedule of amounts to be cancelled.

Account #	Name of Account	Office/Department	Unencumbered Balance	Consent to cancel by Officer	Cancelled by Governing Board
			<b>TOTAL:</b>		

Exhibit B

Additional appropriations requested for remainder of fiscal year ending \_\_\_\_\_

Account #	Purpose or Name of Account	Office/Department	Amount Requested	Approved by Governing Board
			<b>TOTAL:</b>	

*Note: the total amount of additional appropriations may not exceed the total amount approved for cancellation.*