

**OKLAHOMA COUNTY
TRANSFER OF APPROPRIATIONS**

Resolution Number 2026-3265

Fiscal Year Ending June 30, 2026

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:

This transfer is necessary to cover 10-day payroll for FY25-26.

Respectfully submitted on: 07/29/2026

County Sheriff_____
Title of Officer/Department Head_____
Signature**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.

County Sheriff_____
Title of Officer/Department Head_____
Signature**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:

This transfer is necessary to cover 10-day payroll for FY25-26.

Done in a meeting of the Governing Board of the said government agency.

Recorded in the minutes of the Secretary or Clerk of said board and signed in Oklahoma City, Oklahoma on this

29th day of **July**, 2026_____
Chairman of the Board_____
Vice Chairman of the Board

Attest:

County Clerk

Exhibit A

Unencumbered appropriations account balances as of **07/29/2026** and schedule of amounts to be cancelled.

Org Code	Appropriation & Account Number	Cost Center	Unencumbered Balance	Consent to Cancel by Officer	Cancelled by Governing Board
10150518	Benefits - 52010	518	44,631.21	10,000.00	10,000.00
			TOTAL:	\$ 10,000.00	\$ 10,000.00

Exhibit B

Additional appropriations requested for remainder of fiscal year ending **06/30/2026**

Org Code	Appropriation & Account Number	Cost Center	Amount Requested	Approved by Governing Board
10150518	Salary - 51001	518	10,000.00	10,000.00
		TOTAL:	\$ 10,000.00	\$ 10,000.00

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