

**TRANSFER OF APPROPRIATIONS  
OKLAHOMA COUNTY  
FISCAL YEAR ENDING: June 30, 2026**

**Resolution #:** 2026-1246                      **FUND:** General Fund

Due to a need which has arisen in my office or department, and under 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 appropriation balances detailed in Exhibit A as evidenced by the signature of the department heads in schedule 2.

The reason for this transfer is as follows:

**Transfer General Fund CJA premiums to cover anticipated expenses for the FY26.**  
\_\_\_\_\_  
\_\_\_\_\_

Respectfully submitted on:

4/8/2026  
DATE

**Chairman, Board of County  
Commissioners**

  
OFFICER/DEPARTMENT HEAD SIGNATURE

Title

**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.

\_\_\_\_\_  
Title

\_\_\_\_\_  
OFFICER/DEPARTMENT HEAD SIGNATURE

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

We, the undersigned Governing Board under the 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 Governing Board of the said governmental agency and recorded in the minutes of the Secretary or Clerk of said board and signed at Oklahoma City, Oklahoma,  
on: 16th Day of April 2026

Attest:

\_\_\_\_\_  
County Clerk and Secretary to the Board

\_\_\_\_\_  
Chairman of the Budget Board

\_\_\_\_\_  
Vice-Chairman of the Budget Board

**TRANSFER OF APPROPRIATIONS**

Resolution # 2026-1246

**Exhibit A**

Unencumbered appropriations account balances as of: 4/8/26 and schedule of amounts to be cancelled.

Employee Benefit Supplement 991 Office or Department

| Org Code      | Name of Account & Number |       | Cost Center | Unencumbered Balance | Consent to cancel by Officer | Cancelled by Governing Board |
|---------------|--------------------------|-------|-------------|----------------------|------------------------------|------------------------------|
| 10199100      | M&O                      | 54000 | 991         | 4,474,910.52         | 1,038,165.24                 | 1,038,165.24                 |
|               |                          |       |             |                      |                              |                              |
|               |                          |       |             |                      |                              |                              |
|               |                          |       |             |                      |                              |                              |
|               |                          |       |             |                      |                              |                              |
|               |                          |       |             |                      |                              | -                            |
|               |                          |       |             |                      |                              | -                            |
|               |                          |       |             |                      |                              |                              |
|               |                          |       |             |                      |                              |                              |
|               |                          |       |             |                      |                              |                              |
|               |                          |       |             |                      |                              |                              |
|               |                          |       |             |                      |                              |                              |
|               |                          |       |             |                      |                              |                              |
|               |                          |       |             |                      |                              |                              |
|               |                          |       |             |                      |                              |                              |
|               |                          |       |             |                      |                              |                              |
| <b>TOTALS</b> |                          |       |             |                      | <b>\$ 1,038,165.24</b>       | <b>\$ 1,038,165.24</b>       |

**Exhibit B**

Additional appropriations requested for remainder of fiscal year ending 6/30/2026

Employee Benefits 4010 Office or Department

| ORG CODE | NAME OF APPROPRIATION & ACCOUNT # |       | COST CENTER   | AMOUNT REQUESTED       | APPROVED BY BOARD      |
|----------|-----------------------------------|-------|---------------|------------------------|------------------------|
| 40110110 | M&O                               | 54000 | 110           | 1,038,165.24           | 1,038,165.24           |
|          |                                   |       |               |                        | -                      |
|          |                                   |       |               |                        | -                      |
|          |                                   |       |               |                        | -                      |
|          |                                   |       |               |                        | -                      |
|          |                                   |       |               |                        | -                      |
|          |                                   |       |               |                        | -                      |
|          |                                   |       |               |                        | -                      |
|          |                                   |       |               |                        | -                      |
|          |                                   |       |               |                        | -                      |
|          |                                   |       |               |                        | -                      |
|          |                                   |       |               |                        | -                      |
|          |                                   |       |               |                        | -                      |
|          |                                   |       |               |                        | -                      |
|          |                                   |       |               |                        | -                      |
|          |                                   |       | <b>TOTALS</b> | <b>\$ 1,038,165.24</b> | <b>\$ 1,038,165.24</b> |

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