

**TRANSFER OF APPROPRIATIONS  
OKLAHOMA COUNTY  
FISCAL YEAR ENDING: June 30, 2024**

**Resolution #:** 2024-3389 **FUND:** ARPA 1415

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:

**Correction from Budget Board Meeting 04/18/2024, Resolution 2024-1783.**

Respectfully submitted on:

6/27/2024  
DATE

\_\_\_\_\_  
Title

\_\_\_\_\_  
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.

\_\_\_\_\_  
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:

**Correction from Budget Board Meeting 04/18/2024, Resolution 2024-1783.**

**0**

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:          Day of          June 2024

Attest:

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

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

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

## TRANSFER OF APPROPRIATIONS

**Resolution #** 2024-3389

## Exhibit A

Unencumbered appropriations account balances as of: 6/27/24 and schedule of amounts to be cancelled.

Information Technology Office or Department

Org Code	Name of Account & Number		Cost Center	Unencumbered Balance	Consent to cancel by Officer	Cancelled by Governing Board
14152303	Capital Outlay	55000	AR073	5,500,000.00	5,500,000.00	5,500,000.00
						-
						-
						-
						-
				<b>TOTALS</b>	<b>\$ 5,500,000.00</b>	<b>\$ 5,500,000.00</b>

## Exhibit B

Additional appropriations requested for remainder of fiscal year ending 6/30/2024

Employee Benefits Supplement	Office or Department
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ORG CODE	NAME OF APPROPRIATION & ACCOUNT #		COST CENTER	AMOUNT REQUESTED	APPROVED BY BOARD
14153305	Capital Outlay	55000	AR073	5,500,000.00	5,500,000.00
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
			<b>TOTALS</b>	\$ 5,500,000.00	\$ 5,500,000.00

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