

**TRANSFER OF APPROPRIATIONS  
OKLAHOMA COUNTY  
FISCAL YEAR ENDING: June 30, 2025**

Resolution #: 2025-0179 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:

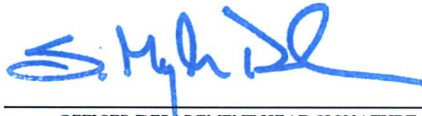
This is to transfer CJA premiums for December 2025 and the remaining from the Employee Benefits Supplement 991

Respectfully submitted on:

1/13/2025  
DATE

**Chairman, Board of County  
Commissioners**

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.

**Chairman, Board of County  
Commissioners**

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:

This is to transfer CJA premiums for December 2025 and the remaining from the Employee Benefits Supplement 991  
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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 January 2025

Attest:

County Clerk and Secretary to the Board

Chairman of the Budget Board

Vice-Chairman of the Budget Board

**TRANSFER OF APPROPRIATIONS**

Resolution # 2025-0179

**Exhibit A**

Unencumbered appropriations account balances as of: 1/13/25 and schedule of amounts to be cancelled.

Employee Benefits Supplement Office or Department

Org Code	Name of Account & Number	Cost Center	ARPA PROJECT	Unencumbered Balance	Consent to cancel by Officer	Cancelled by Governing Board
10199100	M&O 54000	991		10,812,753.92	5,000,000.00	5,000,000.00
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
<b>TOTALS</b>					<b>\$ 5,000,000.00</b>	<b>\$ 5,000,000.00</b>

**Exhibit B**

Additional appropriations requested for remainder of fiscal year ending 6/30/2025

Employee Benefits Office or Department

ORG CODE	NAME OF APPROPRIATION & ACCOUNT #	COST CENTER	ARPA PROJECT	AMOUNT REQUESTED	APPROVED BY BOARD
40110110	M&O 54000	110		5,000,000.00	5,000,000.00
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
<b>TOTALS</b>				<b>\$ 5,000,000.00</b>	<b>\$ 5,000,000.00</b>

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