

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

Resolution #: 2024-3340 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 is necessary to cover supplemental payroll

Respectfully submitted on:

6/27/2024

DATE

Social Services

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.

Social Services

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:

Transfer is to cover supplemental payroll

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 2024

Attest:

County Clerk and Secretary to the Board

Chairman of the Budget Board

Vice-Chairman of the Budget Board

**TRANSFER OF APPROPRIATIONS**Resolution # 2024-3340**Exhibit A**Unencumbered appropriations account balances as of: 6/27/24 and schedule of amounts to be cancelled.Social Services Office or Department

Org Code	Name of Account & Number	Cost Center	Unencumbered Balance	Consent to cancel by Officer	Cancelled by Governing Board
10161000	Benefits 52000	610	42,908.40	1,500.00	1,500.00
					-
					-
<b>TOTALS</b>				<b>\$ 1,500.00</b>	<b>\$ 1,500.00</b>

**Exhibit B**Additional appropriations requested for remainder of fiscal year ending 6/30/2024Social Services Office or Department

ORG CODE	NAME OF APPROPRIATION & ACCOUNT #	COST CENTER	AMOUNT REQUESTED	APPROVED BY BOARD
10161000	Salaries 51000	610	1,500.00	1,500.00
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
<b>TOTALS</b>			<b>\$ 1,500.00</b>	<b>\$ 1,500.00</b>

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