

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

Resolution #: 2024-5481 **FUND:** Social Services

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 transfer is necessary to fund Indigent County Pharmacy

Respectfully submitted on:

12/9/2024

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 transfer is necessary to fund Indigent County Pharmacy

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: 10th Day of December 2024

Attest:

County Clerk and Secretary to the Board

Chairman of the Budget Board

Vice-Chairman of the Budget Board

TRANSFER OF APPROPRIATIONS

Resolution # 2024-5481

Exhibit A

Unencumbered appropriations account balances as of: 12/5/24 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	M&O 54000	610	399,485.15	60,954.59	60,954.59
					-
					-
TOTALS				\$ 60,954.59	\$ 60,954.59

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	AMOUNT REQUESTED	APPROVED BY BOARD
10126500	M&O 54000	265	60,954.59	60,954.59
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
TOTALS			\$ 60,954.59	\$ 60,954.59

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