

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

Resolution #: 2024-3319 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 necessary to provide sufficient funds to complete payroll period June 2024

Respectfully submitted on:

6/29/2024  
DATE

Public Defender

Title

Brigitte Biffer  
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.

Public Defender

Title

Brigitte Biffer  
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 necessary to provide sufficient funds to complete payroll period June 2024

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 # 2024-3319

## Exhibit A

Unencumbered appropriations account balances as of: 6/29/24 and schedule of amounts to be cancelled.

Drug Court \_\_\_\_\_ Office or Department \_\_\_\_\_

Org Code	Name of Account & Number		Cost Center	Unencumbered Balance	Consent to cancel by Officer	Cancelled by Governing Board
12803040	Benefits	52000	304	\$50,272.33	7,000.00	7,000.00
				<b>TOTALS</b>	\$ 7,000.00	\$ 7,000.00

## Exhibit B

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

Drug Court \_\_\_\_\_ Office or Department \_\_\_\_\_

ORG CODE	NAME OF APPROPRIATION & ACCOUNT #		COST CENTER	AMOUNT REQUESTED	APPROVED BY BOARD
12803040	Salaries	51000	304	7,000.00	7,000.00
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
			<b>TOTALS</b>	<b>\$ 7,000.00</b>	<b>\$ 7,000.00</b>

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