

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

Resolution #: 2024-5179 **FUND:** Employee Benefits Supplement

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 October 2024 and the remaining from the Employee Benefits Supplement 991

Respectfully submitted on:

11/13/2024
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 is to transfer CJA premiums for October 2024 and the remaining from the Employee Benefits Supplement 991

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: 21st Day of November 2024

Attest:

County Clerk and Secretary to the Board

Chairman of the Budget Board

Vice-Chairman of the Budget Board

TRANSFER OF APPROPRIATIONS

Resolution # 2024-5179

Exhibit A

Unencumbered appropriations account balances as of: 11/13/24 and schedule of amounts to be cancelled.

Employee Benefits Supplement Office or Department

| Org Code | Name of Account & Number | Cost Center | Unencumbered Balance | Consent to cancel by Officer | Cancelled by Governing Board |
|---------------|--------------------------|-------------|----------------------|------------------------------|------------------------------|
| 10199100 | M&O 54000 | 991 | 15,962,947.92 | 2,534,030.00 | 2,534,030.00 |
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| TOTALS | | | | \$ 2,534,030.00 | \$ 2,534,030.00 |

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 |
|---------------|-----------------------------------|-------------|------------------------|------------------------|
| 40110110 | M&O 54000 | 110 | 2,534,030.00 | 2,534,030.00 |
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| TOTALS | | | \$ 2,534,030.00 | \$ 2,534,030.00 |

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