

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

Resolution #: 2024-4804 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:

Transfer CJA Employer Premiums for the months of July, August and September 2024

Respectfully submitted on:

10/15/2024

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:

Transfer CJA Employer Premiums for the months of July, August and September 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: 17th Day of October 2024

Attest:



County Clerk and Secretary to the Board





Chairman of the Budget Board

Vice-Chairman of the Budget Board

TRANSFER OF APPROPRIATIONSResolution # 2024-4804**Exhibit A**Unencumbered appropriations account balances as of: 10/15/24 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	11,954,587.92	1,002,090.00	1,002,090.00
					-	-
					-	-
						-
						-
TOTALS					\$ 1,002,090.00	\$ 1,002,090.00

Exhibit BAdditional appropriations requested for remainder of fiscal year ending 6/30/2025Employee Benefits Office or Department

ORG CODE	NAME OF APPROPRIATION & ACCOUNT #		COST CENTER	AMOUNT REQUESTED	APPROVED BY BOARD
40110110	M&O	54000	110	1,002,090.00	1,002,090.00
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
			TOTALS	\$ 1,002,090.00	\$ 1,002,090.00

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