

TRANSFER OF APPROPRIATIONS

Muskogee County, Oklahoma

Fiscal Year Ending June 30, 2026

To the Honorable Governing Board:

Due to a need which has arisen in my office or department, and under the 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 appropriations balances detailed in Exhibit A as evidenced by the signature of the department heads in schedule 2. The reason for this requested transfer is as follows:

To zero out the Travel account that is not used.

Respectfully submitted this day of

Signature and Title of Officer(s)/Department Head(s):

[Handwritten signature: Mitchell D. Smith]

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.

Signature and Title of Officer(s)/Department Head(s):

[Handwritten signature: Mitchell D. Smith]

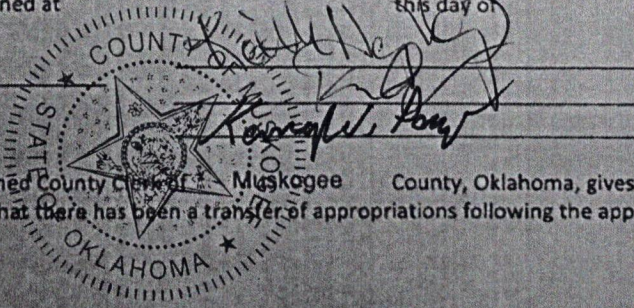
CONSENT TO CANCEL AND REQUEST FOR ADDITIONAL NEEDS:

We the undersigned Governing Board under 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:

Done in a meeting of the Governing Board of the said government agency and recorded in the minutes of the Secretary or Clerk of said board and signed at _____ this day of _____

[Handwritten signature: Doug Young]

Secretary/Clerk



Chairman

NOTICE TO COUNTY EXCISE BOARD:

Pursuant to 62 O.S. § 461, the undersigned County Clerk of Muskogee County, Oklahoma, gives notice to the Muskogee County Excise Board that there has been a transfer of appropriations following the approval by the governing board of

ATTEST:

County Clerk

Date

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Signature and Title of Officer(s)/Department Head(s):

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.

Signature and Title of Officer(s)/Department Head(s):

CONSENT TO CANCEL AND REQUEST FOR ADDITIONAL NEEDS:

We the undersigned Governing Board under 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:

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Respectfully submitted this day of

Signature and Title of Officer(s)/Department Head(s)

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.

Signature and Title of Officer(s)/Department Head(s):

CONSENT TO CANCEL AND REQUEST FOR ADDITIONAL NEEDS:

We the undersigned Governing Board under 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:

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Secretary/Clerk

Chairman

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CONSENT TO CANCEL:

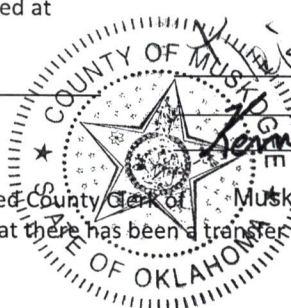
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CONSENT TO CANCEL AND REQUEST FOR ADDITIONAL NEEDS:

We the undersigned Governing Board under 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:

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ATTEST:

County Clerk

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Exhibit A

Unencumbered appropriations account balances as of _____ and schedule of amounts to be cancelled.

Account #	Name of Account	Office/Department	Unencumbered Balance	Consent to cancel by Officer	Cancelled by Governing Board
1321-2-8200-1310	Buckhorn	VFD	922.60	922.60	
			TOTAL:	\$ 922.60	\$ 0.00

Exhibit B

Additional appropriations requested for remainder of fiscal year ending _____

Account #	Purpose or Name of Account	Office/Department	Amount Requested	Approved by Governing Board
1321-2-8200-2005	Buckhorn	VFD	922.60	
		TOTAL:	\$ 922.60	

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

E-MAILED
 2/23 10:53
 Sarah
 Jarvis

