

| AUDITOR / CONTROLLER'S USE | |
|----------------------------|--|
| TRANSFER # | |
| JOURNAL # | |
| DATE | |
| INPUT BY | |

EL DORADO COUNTY APPROPRIATION TRANSFER (29125 GOV. CODE)

BUDGET TRANSFER REQUEST

BUDGET TRANSFER #1 - INCREASING TOTAL APPROPRIATIONS, REVENUES, OR FIXED ASSETS REQUIRES BOS APPROVAL

BUDGET TRANSFER #2 - MOVING APPROPRIATIONS or REVENUE BETWEEN CLASSIFICATIONS REQUIRES CAO APPROVAL

| | |
|-----------------|-------------|
| DOCUMENT TOTAL | \$36,800.00 |
| NUMBER OF LINES | 2 |
| NET TOTAL | \$0.00 |
| | |
| 12/18/2020 | PAGE 1 OF 1 |
| DATE | |

| TO BE COMPLETED BY DEPARTMENT | |
|-------------------------------|-------------|
| DEPT NAME | CAO: EMS/EP |

| | |
|-------------------------|--------------------------|
| Budget Transfer Type: | Transfer 1: BoS Approval |
| Legistar Number & Date: | 21-0017 - 01/05/21 |

| | |
|---------------------|----------------------|
| DEPT CONTACT & EXT. | Jeremy Apodaca x5838 |
|---------------------|----------------------|

approved electronically
DEPARTMENT AUTHORIZATION SIGNATURE AND DATE

DIRECTIONS:

- MEMO REQUIRED, IF BOS, INCLUDE A COPY OF THE LEGISTAR MASTER REPORT
- REMOVE THE GREEN COPY AND SUBMIT COMPLETED REQUEST TO THE CHIEF ADMINISTRATIVE OFFICE
- IF BUDGET TRANSFER EXCEEDS 12 LINES, EMAIL EXCEL WORKBOOK TO APINTERFACES AND CAO ANALYST

| S F X | Budget Rollup Code | ORG | OBJECT | PROJECT STRING | GL Project | INCREASE OR DECREASE (INC / DEC) | AMOUNT | DESCRIPTION (30 CHARACTERS MAX.) |
|-------------|--------------------------|---------|--------|----------------|------------|--|-----------|-------------------------------------|
| 1 | 12410 | 1220210 | 4500 | | | DEC | \$ 18,400 | DEC SPC DEPT EXP FOR PLOTTER |
| 2 | 12460 | 1220210 | 6040 | | | INC | \$ 18,400 | INC FA EQUIP FOR PLOTTER |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
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| 11 | | | | | | | | |
| 12 | | | | | | | | |

**SIGN
HERE**



| | |
|--|---------------|
| _____ JOE HARN, C.P.A. AUDITOR / CONTROLLER | _____ DATE |
| <i>E. Owens approved electronically</i> | <i>12/18</i> |
| _____ CHIEF ADMINISTRATIVE OFFICE - ANALYST | _____ DATE |
| _____ CHIEF ADMINISTRATIVE OFFICER | _____ DATE |

| | |
|--|---------------|
| APPROVED AND SO ORDERED THAT THE ABOVE TRANSFERS BE MADE (AS REQUESTED OR AMMENDED) AND INCORPORATED IN THE MINUTES OF THIS MEETING OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO | |
| _____ SIGNATURE: CHAIR, BOARD OF SUPERVISORS | _____ DATE |
| _____ ATTEST: CLERK, BOARD OF SUPERVISORS | _____ DATE |

MEMO SHEET: BUDGET TRANSFER INFORMATION

| | | | |
|------------------|----------------|-----------------------|--------------------------|
| Department Name* | CAO: EMS/EP | Budget Transfer Type: | Transfer 1: BoS Approval |
| Clerk* | JEREMY APODACA | Document total* | \$ 36,800 |
| Contact phone* | x5838 | | |

BUDGET TRANSFER HEADER

| | | | |
|--|----------|--|--------------------|
| Prepared date* | 12/18/20 | Check Applicable* <input checked="" type="checkbox"/> One Time (after Adopted Budget) <input type="checkbox"/> Continuing (include in the Adopted Budget) | |
| Fiscal year | FY 20/21 | | |
| Short Description* <small>(10 characters)</small> | PLOTTER | | |
| | | Legistrar Item Number* | 21-0017 - 01/05/21 |

| | | |
|-------------------|---------------------------|----|
| * REQUIRED FIELDS | Project Strings Required: | No |
|-------------------|---------------------------|----|

By signing this memo I hereby certify that:
1. information herein is true and accurate to the best of my knowledge, 2. I have been delegated signature authority in accordance with County's policies and procedures and 3. all transfers approved on this journal are in compliance with County policies and procedures and any other relevant governmental regulations.

Authorized signature*
 Approved Electronically by Sue Hennike, Deputy CAO

BUDGET TRANSFER JUSTIFICATION AND DESCRIPTION* (will be scanned into FENIX TCM)

This document transfers appropriations from Special Department Expenses to Fixed Assets for the purchase of a plotter printer for CAO: EMS/EP. The purchase will utilize CA Dept of Public Health COVID-19 grant funding. The funds were not fully programmed as of the adoption of the FY20/21 budget, due to the unpredictable nature of the COVID-19 response.

Approval has been received from the state to utilize grant funds for the purchase of a fixed asset.

FOR AUDITOR'S OFFICE USE ONLY

| | | | |
|-------------|-------|-------------------------|-------|
| Audit date: | _____ | Budget Transfer number: | _____ |
| Audited by: | _____ | Interfaced by: | _____ |
| | | Processed on: | _____ |