MEMO SHEET: BUDGET TRANSFER INFORMATION							
		Budget Transfer Type:	Transfer 1: BoS	Annroval			
Department Name*	Planning and Building, Tahoe	budget transfer type.	114113161 11 200	7. T. P.			
Clerk*	Stephanie Lisius	Document total*	\$	50,000			
Contact phone*	5851						
BUDGET TRANSFER HEA	DER						
Prepared date*	11/18/24	Check Applicable*	One Time (after Adopted Budget)				
Fiscal year	24/25		Continuing (include in the Adopted Budget)				
Short Description* (10 characters)	INCPRINT						
		Legistrar Item Number*	24-2076 01/07/2025				
* REQUIRED FIELDS		Project Strings Required	Yes				
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*							
MM ,		Karen L. Garner (Nov 19, 2024 13:05 PST)	_				
			SCRIPTION* (will be scanned into	easing printing services offset by an			
increase to miscellaneo	-	cation Home Rental (VHR)	Ordinance, owners with VHR's rs will pay for them.	are required to have a County issued			
Audit date:		. C. Addition of	Budget Transfer number:				
Audited by:			Interfaced by:				
			Processed on:				

			_				
AUDITOR / CONTROLLER'S USE		EL DORADO COUNTY AP					
TRANSFER#		BUDGET TE	DOCUMENT TOTAL	\$50,000.00			
JOURNAL#				TOTAL APPROPRIATIONS, REVENUES, OR UIRES BOS APPROVAL	NUMBER OF LINES	2	
DATE					NET TOTAL	\$0.00	
INPUT BY		BUDGET TRANSFER #2 - MOVING APPROPRIATIONS OF REVENUE BETWEEN CLASSIFICATIONS REQUIRES CAO APPROVAL					
TO BE COMPLETED BY DEPARTMENT		Budget Transfer Type:					
DEPT NAME Planning and Building, Tahoe Division		Legistar Number & Date:					
DEPT CONTACT & EXT. Stephanie Lisius X 5851		Karen L. Garner  Karen L. Garner  Karen L. Garner (Nov 19, 2024 13:05 PST)  DEPARTMENT AUTHORIZATION SIGNATURE AND DATE		11/18/2024 DATE	PAGE 1 OF 1		
			DEPARTMENT AU	THORIZATION SIGNATURE AND DATE	57112		
DIRECTIONS:  1. MEMO REQUIRED, IF BOS, INCLUDE A COPY OF THE LEGISTAR MASTER REPORT 2. REMOVE THE GREEN COPY AND SUBMIT COMPLETED REQUEST TO THE CHIEF ADMINISTRATIVE OFFICE 3. 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		3725250	1940	37250000-37BUDGET		INC	\$ 25,000	INC MISC REVENUE
2	37400	3725250	4266	37250000-37BUDGET		INC	\$ 25,000	INC PRINTING SERVICES
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
_	JOE HARN, C.P.A. AUDITOR / CONTROLLER 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				
CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE				SIGNATURE: CHAIR, BOARD OF SUPERVISORS  DATE				
-		CHI	EF ADMINISTRAT	IVE OFFICER DATE		ATTE	ST: CLERK, BOARD OF SUP	ERVISORS DATE