

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

EL DORADO COUNTY APPROPRIATION TRANSFER ( 29130 GOV. CODE )

# BUDGET TRANSFER REQUEST #1

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	-
NUMBER OF LINES	4
TRANSACTION CODE TOTAL*	0

HSA Public Guardian

DEPARTMENT OR AGENCY NAME

6/18/2018  
DATE

*yes*  
*Gatic*  
*6/19/18*  
DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

PAGE 1 OF 1

COMPLETE THE INFORMATION BELOW WITH JUSTIFICATION NARRATIVE OR ATTACH A MEMO.  
REMOVE THE GOLD COPY AND SUBMIT COMPLETE REQUEST TO THE AUDITOR / CONTROLLER'S OFFICE.  
A BUDGET TRANSFER MUST BE AT LEAST TWO LINES, NOT EXCEED TWENTY-SIX LINES AND USE AN "ODD AND EVEN" NUMBERED TRANSACTION CODE\*  
\* 002 = INCREASE ESTIMATED REVENUE      \* 011 = INCREASE IN APPROPRIATION / BOS APPROVED  
\* 003 = DECREASE ESTIMATED REVENUE      \* 012 = DECREASE IN APPROPRIATION / BOS APPROVED

S F X	D/C	FENIX Org	SUB OBJECT NUMBER	PL String	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	D	5610100	4315	56PUBGUARD-56EXPNSE40-50500-WS	104,000	FY 17-18 PG Inc Contract: Legal Attorney
2	C	5500000	3000	55ANIML100-55OPEXPNSE-50200-WS	(25,430)	FY 17-18 AS Dec Perm Employees
3	C	5500000	4500	55ANIML100-55OPEXPNSE-50200-WS	(20,000)	FY 17-18 AS Dec Special Department Exp
4	C	1560600	0003		(58,570)	FY 17-18 GF Inc Fund Balance from Designations
5						
6						
7						
8						
9						
10						
11						

REVIEWED FOR FORMAT BY

JOE HARN, C.P.A. AUDITOR / CONTROLLER      DATE

APPROVED AND SO ORDERED THAT THE ABOVE TRANSFERS BE MADE (AS REQUESTED OR AMENDED) 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: CHAIRMAN, BOARD OF SUPERVISORS      DATE

CHIEF ADMINISTRATIVE OFFICE      DATE

ATTEST: CLERK, BOARD OF SUPERVISORS