

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

# BUDGET TRANSFER REQUEST #1

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	405,090.00
NUMBER OF LINES	9
TRANSACTION CODE TOTAL*	90

District Attorney FY 18/19  
DEPARTMENT OR AGENCY NAME

9/12/2018  
DATE

\_\_\_\_\_  
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  
\* 003 = DECREASE ESTIMATED REVENUE

\* 011 = INCREASE IN APPROPRIATION / BOS APPROVED  
\* 012 = DECREASE IN APPROPRIATION / BOS APPROVED

S F X	TRANS CODE NO.*	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	002	2200000	1124	22CALOESVV-FEDERAL	202,545.00	FY 18/19 FED REVENUE INC CALOES VV 18-0900
2	011	2200000	3000	22CALOESVV-C30SALBEN	107,303.00	FY 18/19 INC SALARY CALOES VV 18-0900
3	011	2200000	3020	22CALOESVV-C30SALBEN	9,548.00	FY 18/19 INC RETIREMENT CALOES VV 18-0900
4	011	2200000	3022	22CALOESVV-C30SALBEN	1,555.00	FY 18/19 INC MEDICARE CALOES VV 18-0900
5	011	2200000	3040	22CALOESVV-C30SALBEN	5,320.00	FY 18/19 INC HEALTH INS CALOES VV 18-0900
6	011	2200000	3041	22CALOESVV-C30SALBEN	660.00	FY 18/19 INC UNEMP INS CALOES VV 18-0900
7	011	2200000	3042	22CALOESVV-C30SALBEN	267.00	FY 18/19 INC LTD CALOES VV 18-0900
8	011	2200000	3080	22CALOESVV-C40SERSUP	4,692.00	FY 18/19 INC FLEX BEN CALOES VV 18-0900
9	011	2200000	4300	22CALOESVV-C40SERSUP	73,200.00	FY 18/19 INC PROF SVCS CALOES VV 18-0900
10						
11						
12						
13						

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

***El Dorado County  
Journal Entry Request Form***

**To be completed and attached to all Journal requests**

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**TO:** Deputy Auditor  
Auditor-Controller's Office

**FROM:** Megan Arevalo

**DEPT:** District Attorney

**SUBJECT:** Request to process attached budget transfer

**Detailed description and justification of attached journal:**

The attached document increase revenue and expense appropriations within the District Attorney's Operating Org 2200000 for the Cal OES Violence Against Women Vertical Prosection (VW) Program for Fiscal Year 2018/19.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please note: The Auditor's Office is in the process of creating comprehensive procedures for creating and processing journals. These new procedures will be distributed soon. Meanwhile, please use this form until further notice. Thank you.*