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	$800,000.00
NUMBER OF LINES	2
NET TOTAL	$0.00

TO BE COMPLETED BY DEPARTMENT	
DEPT NAME	CAO
DEPT CONTACT & EXT.	Alison Winter x6765

Budget Transfer Type:	Transfer 1: BoS Approval
Legistar Number & Date:	25-1637 11/04/25

DEPARTMENT AUTHORIZATION SIGNATURE AND DATE

10/27/2025
DATE

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

SFX	Budget Rollup Code	ORG	OBJECT	PROJECT STRING	GL Project	INCREASE OR DECREASE (INC / DEC)	AMOUNT	DESCRIPTION (30 CHARACTERS MAX.)
1		1560600	0003			INC	$ 400,000	INCR USE OF DESIGN 340 FMV
2		1520200	5240	BUDGET-SUMMARY		INC	$ 400,000	INCR ONE-TIME PAY DSPECF REORG
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

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

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

S:\APFORMS\BUDGET TRANSFER 2.XLS

DISTRIBUTION: WHITE - BOS / YELLOW - AUDITOR / PINK - CHIEF ADMINISTRATIVE OFFICE / GOLD - DEPARTMENT

MEMO SHEET: BUDGET TRANSFER INFORMATION

Department Name*	CAO	Budget Transfer Type:	Transfer 1: BoS Approval
Clerk*	Alison Winter	Document total*	$ 800,000
Contact phone*	x6765		

BUDGET TRANSFER HEADER

Prepared date*	10/27/25	Check Applicable*	☑ One Time (after Adopted Budget)
Fiscal year	2025-26		☐ Continuing (include in the Adopted Budget)
Short Description* (10 characters)	DSPECF RRG		

Legistrar Item Number*	25-1637 11/04/25

* 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*

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

Increasing appropriations in Dept 15 using the FMV Designation for the one-time payment to El Dorado County Fire for the Diamond Springs-El Dorado Reorganization.

FOR AUDITOR'S OFFICE USE ONLY

Audit date:		Budget Transfer number:	
Audited by:		Interfaced by:	
		Processed on:	