AUDITOR / CONTROLLER'S USE			EL DORADO COUNTY APPROPRIATION TRANSFER (29125 GOV. CODE)  BUDGET TRANSFER REQUEST			
TRANSFER #		DOCUMENT TOTAL			\$800,000.00	
JOURNAL#		BUDGET TRANSFER #1 - INCREASING TOTAL APPROPRIATIONS, REVENUES, OR		NUMBER OF LINES	2	
DATE			FIXED ASSETS REQUIRES BOS APPROVAL  BUDGET TRANSFER #2 - MOVING APPROPRIATIONS or REVENUE BETWEEN  CLASSIFICATIONS REQUIRES CAO APPROVAL		NET TOTAL	\$0.00
INPUT BY						
TO BE COMPLETED BY DEPARTMENT			Budget Transfer Type:	Transfer 1: BoS Approval		
DEPT NAME	EPT NAME CAO		Legistar Number & Date:	25-1637 11/04/25		
DEPT CONTACT & EXT.		Alison Winter x6765	DEPARTMENT AUTHORIZATION SIGNATURE AND DATE		10/27/2025 DATE	PAGE 1 OF 1
		DIRECTIONS:	QUIRED, IF BOS, INCLUDE A COPY OF THE LE		DATE	

- 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	ОВЈЕСТ	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					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			
CHIEF ADMINISTRATIVE OFFICER DATE				ATTEST: CLERK, BOARD OF SUPERVISORS DATE				

	MEN	O SHEET: BUDGET TRA	ANSFER INFORMATION			
Department Name*	CAO	Budget Transfer Type:	Transfer 1: BoS A	pproval		
Clerk*	Alison Winter	Document total*	\$	800,000		
Contact phone*	x6765					
BUDGET TRANSFER HE	ADER					
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				
	s true and accurate to the be as and <u>3.</u> all transfers approve	-		hority in accordance with County's of procedures and any other relevant		
		Authorized sig	nature*			
		11/	V			
Increasing appropriati	ions in Dept 15 using the FMV		CRIPTION* (will be scanned into FE ime payment to El Dorado County			
		FOR AUDITOR'S OFF	FICE USE ONLY			
Audit date:			Budget Transfer number:			
Audited by:			Interfaced by:			

Processed on: