

# BUDGET TRANSFER REQUEST #1

DOCUMENT TOTAL	8,000.00
NUMBER OF LINES	4
TRANSACTION CODE TOTAL*	<del>26</del>

TRANSFER # TR2019089

DATE 3/5/19

CODE BY

District Attorney FY 18/19 NA

DEPARTMENT OR AGENCY NAME

2/11/2019

DATE

*[Handwritten Signature]*

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

*[Handwritten: 2, 9/8, DRUG PROJ]*

S F X	TRANS CODE NO.*	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	002	2270703	0001		2,000.00	FY 18/19 <u>INC</u> FUND BAL EQSHR 19-0247 <i>DRUG STORE PROJ</i>
2	011	2270703	7000		2,000.00	FY 18/19 <u>INC</u> OPXTRF EQSHR 19-0247
3	002	2200000	2020	22EQSHR -OPTRSF	2,000.00	FY 18/19 <u>INC</u> OPXTRF EQSHR 19-0247
4	011	2200000	4501	22EQSHR -C40SERSUP	2,000.00	FY 18/19 <u>INC</u> \$PEC DEPT EXP EQSHR 19-0247
5						
6						
7						
8						
9						<i>Contribution to Tahoe Youth &amp; Family Services</i>
10						
11						<i>Legistar 19-0247</i>
12						<i>BOS 3/5/2019</i>
13						

REVIEWED FOR FORMAT BY

*[Signature]* 3-12-19  
 JOE HARN, C.P.A. AUDITOR / CONTROLLER DATE

*[Signature]* 3/20/19  
 CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE

*[Signature]* 3/22/2019  
 CHIEF ADMINISTRATIVE OFFICE 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

*[Signature]* 3/5/2019  
 SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS DATE

*[Signature]*  
 ATTEST: CLERK, BOARD OF SUPERVISORS