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	$2,080.00
NUMBER OF LINES	62
NET TOTAL	$0.00

TO BE COMPLETED BY DEPARTMENT			
DEPT NAME	Department of Transportation	**Budget Transfer Type:**	Transfer 1: BoS Approval
		Legistar Number & Date:	25-0541 04/08/2025
DEPT CONTACT & EXT.	Stephanie Lisius X 5851	MM Rafael Martinez (Mar 17, 2025 08:36 PDT)	3/13/2025

DEPARTMENT AUTHORIZATION SIGNATURE AND DATE

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				SEE IMPORT FILE					
2									
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

MEMO SHEET: BUDGET TRANSFER INFORMATION

Department Name*	Department of Transportatio	**Budget Transfer Type:**	**Transfer 1: BoS Approval**
Clerk*	Stephanie Lisius	**Document total***	**$ 2,080**
Contact phone*	5851		

BUDGET TRANSFER HEADER

Prepared date*	03/13/25	**Check Applicable***	☑ One Time (after Adopted Budget)
Fiscal year	24/25		☐ Continuing (include in the Adopted Budget)
Short Description* (10 characters)	INCINSUR		

Legistrar Item Number*	25-0541 04/08/2025

*** 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*

MM

Rafael Martinez (Mar 17, 2025 08:36 PDT)

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

Each year, the Zones of Benefit (ZOB) that were established as road improvement zones purchase a special liability insurance policy and the cost for this policy is spread amongst the covered ZOB. When the budget is created, Department of Transportation staff estimate what the following fiscal year's cost will be and for fiscal year 2024-25, the actual cost of the policy was higher than budget by approximately $509. This budget transfer increases each individual ZOB budget for their portion of the additional cost, offset by decreases to contingency, road maintenance and construction, or snow removal appropriations.

FOR AUDITOR'S OFFICE USE ONLY

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

MM

Document Total $ 2,080.00 # of Lines 62 Net Total $ - Department Head Signature: Rafael Martinez (Mar 17, 2025 08:36 PDT)

Trsf Type	Ref3 Always T	Tsfr Number	Org	Object	Project	Type (E or F)	Project Account	Description	Debit or Credit (D or C)	Amount
B	T		3582802	7257	CDS	E		INC INTRAFND INSUR	D	$ 53.00
B	T		3582802	7700		E		DEC CONTINGENCY INS	C	$ 53.00
B	T		3582803	7257	CDS	E		INC INTRAFND INSUR	D	$ 31.00
B	T		3582803	7700		E		DEC CONTINGENCY INS	C	$ 31.00
B	T		3591830	7257	CDS	E		INC INTRAFND INSUR	D	$ 32.00
B	T		3591830	7700		E		DEC CONTINGENCY INS	C	$ 32.00
B	T		3591831	7257	CDS	E		INC INTRAFND INSUR	D	$ 16.00
B	T		3591831	7700		E		DEC CONTINGENCY INS	C	$ 16.00
B	T		3591832	7257	CDS	E		INC INTRAFND INSUR	D	$ 8.00
B	T		3591832	7700		E		DEC CONTINGENCY INS	C	$ 8.00
B	T		3591833	7257	CDS	E		INC INTRAFND INSUR	D	$ 35.00
B	T		3591833	7700		E		DEC CONTINGENCY INS	C	$ 35.00
B	T		3591834	7257	CDS	E		INC INTRAFND INSUR	D	$ 12.00
B	T		3591834	4303		E		DEC ROAD MAINT CONST	C	$ 12.00
B	T		3591835	7257	CDS	E		INC INTRAFND INSUR	D	$ 74.00
B	T		3591835	7700		E		DEC CONTINGENCY INS	C	$ 74.00
B	T		3591836	7257	CDS	E		INC INTRAFND INSUR	D	$ 18.00
B	T		3591836	7700		E		DEC CONTINGENCY INS	C	$ 18.00
B	T		3591837	7257	CDS	E		INC INTRAFND INSUR	D	$ 7.00
B	T		3591837	7700		E		DEC CONTINGENCY INS	C	$ 7.00
B	T		3591839	7257	CDS	E		INC INTRAFND INSUR	D	$ 6.00
B	T		3591839	7700		E		DEC CONTINGENCY INS	C	$ 6.00
B	T		3591840	7257	CDS	E		INC INTRAFND INSUR	D	$ 22.00
B	T		3591840	7700		E		DEC CONTINGENCY INS	C	$ 22.00
B	T		3591841	7257	CDS	E		INC INTRAFND INSUR	D	$ 28.00
B	T		3591841	7700		E		DEC CONTINGENCY INS	C	$ 28.00
B	T		3591842	7257	CDS	E		INC INTRAFND INSUR	D	$ 4.00
B	T		3591842	7700		E		DEC CONTINGENCY INS	C	$ 4.00
B	T		3591843	7257	CDS	E		INC INTRAFND INSUR	D	$ 2.00
B	T		3591843	7700		E		DEC CONTINGENCY INS	C	$ 2.00
B	T		3591844	7257	CDS	E		INC INTRAFND INSUR	D	$ 13.00
B	T		3591844	7700		E		DEC CONTINGENCY INS	C	$ 13.00
B	T		3591845	7257	CDS	E		INC INTRAFND INSUR	D	$ 18.00
B	T		3591845	7700		E		DEC CONTINGENCY INS	C	$ 18.00

MM

Document Total $ 2,080.00 # of Lines 62 Net Total $ - Department Head Signature: Rafael Martinez (Mar 17, 2025 08:36 PDT)

Trsf Type	Ref3 Always T	Tsfr Number	Org	Object	Project	Type (E or F)	Project Account	Description	Debit or Credit (D or C)	Amount
B	T		3591846	7257	CDS	E		INC INTRAFND INSUR	D	$ 24.00
B	T		3591846	7700		E		DEC CONTINGENCY INS	C	$ 24.00
B	T		3591847	7257	CDS	E		INC INTRAFND INSUR	D	$ 15.00
B	T		3591847	7700		E		DEC CONTINGENCY INS	C	$ 15.00
B	T		3591848	7257	CDS	E		INC INTRAFND INSUR	D	$ 6.00
B	T		3591848	7700		E		DEC CONTINGENCY INS	C	$ 6.00
B	T		3591849	7257	CDS	E		INC INTRAFND INSUR	D	$ 5.00
B	T		3591849	4508		E		DEC SNOW REMOVAL	C	$ 5.00
B	T		3591850	7257	CDS	E		INC INTRAFND INSUR	D	$ 5.00
B	T		3591850	7700		E		DEC CONTINGENCY INS	C	$ 5.00
B	T		3591851	7257	CDS	E		INC INTRAFND INSUR	D	$ 10.00
B	T		3591851	7700		E		DEC CONTINGENCY INS	C	$ 10.00
B	T		3591852	7257	CDS	E		INC INTRAFND INSUR	D	$ 4.00
B	T		3591852	7700		E		DEC CONTINGENCY INS	C	$ 4.00
B	T		3591853	7257	CDS	E		INC INTRAFND INSUR	D	$ 30.00
B	T		3591853	4303		E		DEC ROAD MAINT CONST	C	$ 30.00
B	T		3591854	7257	CDS	E		INC INTRAFND INSUR	D	$ 6.00
B	T		3591854	7700		E		DEC CONTINGENCY INS	C	$ 6.00
B	T		3591855	7257	CDS	E		INC INTRAFND INSUR	D	$ 2.00
B	T		3591855	7700		E		DEC CONTINGENCY INS	C	$ 2.00
B	T		3591857	7257	CDS	E		INC INTRAFND INSUR	D	$ 23.00
B	T		3591857	7700		E		DEC CONTINGENCY INS	C	$ 23.00
B	T		3591858	7257	CDS	E		INC INTRAFND INSUR	D	$ 8.00
B	T		3591858	7700		E		DEC CONTINGENCY INS	C	$ 8.00
B	T		3591859	7257	CDS	E		INC INTRAFND INSUR	D	$ 3.00
B	T		3591859	7700		E		DEC CONTINGENCY INS	C	$ 3.00
B	T		3590821	4101	RM	E		INC INSUR ADD LIABILITY	D	$ 520.00
B	T		3590821	7387	CDS	E		DEC INTRAFND ABATE INSI	C	$ 520.00

25-0541 ZOB SLIP Policy

Final Audit Report 2025-03-17

Created:	2025-03-14
By:	Stephanie Lisius (stephanie.lisius@edcgov.us)
Status:	Signed
Transaction ID:	CBJCHBCAABAA27DB4ba5oQTmDWTA_e1T6jkEaRCPziY5

"25-0541 ZOB SLIP Policy" History

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Agreement completed.
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