

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

Budget Transfer Type:	Transfer 1: BoS Approval
Legistar Number & Date:	21-1196 8/10/21

DOCUMENT TOTAL	\$2,000.00
NUMBER OF LINES	2
NET TOTAL	\$0.00

TO BE COMPLETED BY DEPARTMENT	
DEPT NAME	Environmental Management

DEPT CONTACT & EXT.	Brandi Reid x5851
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[Signature] 7/15/21

DEPARTMENT AUTHORIZATION SIGNATURE AND DATE

7/15/2021	PAGE 1 OF 1
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

S F X	Budget Rollup Code	ORG	OBJECT	PROJECT STRING	GL Project	INCREASE OR DECREASE (INC / DEC)	AMOUNT	DESCRIPTION (30 CHARACTERS MAX.)
1	38434	3810140	4337	38100002-38LITTER-38SLT		INC	\$ 1,000	CLEAN TAHOE INC OTHER GOVT
2	N/A	3810140	1740	38100002-38LOCAL-38DRCHRG-38SLT		INC	\$ 1,000	CLEAN TAHOE INC CHARGE FOR SVC
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

<p style="text-align: center;">JOE HARN, C.P.A. AUDITOR / CONTROLLER</p> <p style="text-align: center;"><i>[Signature]</i></p> <p style="text-align: center;">CHIEF ADMINISTRATIVE OFFICE - ANALYST</p>	<p style="text-align: center;">DATE</p> <p style="text-align: center;">7/20/21</p>
<p style="text-align: center;"><i>[Signature]</i></p> <p style="text-align: center;">CHIEF ADMINISTRATIVE OFFICER</p>	<p style="text-align: center;">DATE</p> <p style="text-align: center;">7/20/21</p>

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: CHAIR, BOARD OF SUPERVISORS	DATE
ATTEST: CLERK, BOARD OF SUPERVISORS	DATE

S:\APFORMS\BUDGET TRANSFER 2.XLS

MEMO SHEET: BUDGET TRANSFER INFORMATION

Department Name*	Environmental Management	Budget Transfer Type:	Transfer 1: BoS Approval
Clerk*	Brandi Reid	Document total*	\$ 2,000
Contact phone*	530-621-5851		


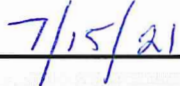
BUDGET TRANSFER HEADER

Prepared date*	07/15/21	Check Applicable* <input checked="" type="checkbox"/> One Time (after Adopted Budget) <input type="checkbox"/> Continuing (include in the Adopted Budget)
Fiscal year	FY 20/21	
Short Description* <small>(10 characters)</small>	CLEANTAHOE	
	Legistar Item Number*	21-1196 8/10/21

* REQUIRED FIELDS

Project Strings Required	Yes
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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* 
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BUDGET TRANSFER JUSTIFICATION AND DESCRIPTION* (will be scanned into FENIX TCM)

Environmental Management Department requests to increase the budget slightly in the County Service Area 10 Clean Tahoe program. This program collects service charge revenue each year through tax roll assessments. 50% of the money received, including interest and penalties, is given to the Clean Tahoe program as a pass through. The amount is fairly consistent each year and only increases if more parcels are added which increase the revenue. In this case, the amount of money received is a bit higher than previous years due to this. In order to transfer out the 50% due to them on their final invoice, a slight increase to the budget is required. Additionally, an adjustment will be made to the FY 21/22 budget through the Addenda process so that the appropriate transfers can be made.

FOR AUDITOR'S OFFICE USE ONLY

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