

AUDITOR / CONTROLLER'S USE  
 TRANSFER # **TR2020173**  
 DATE  
 CODE BY

EL DORADO COUNTY APPROPRIATION TRANSFER ( 29130 GOV. CODE )  
**BUDGET TRANSFER REQUEST #1**

TO BE COMPLETED BY THE DEPARTMENT  
 DOCUMENT TOTAL 120,000.00  
 NUMBER OF LINES 4  
 TRANSACTION CODE TOTAL\* 000

Chief Administrative Office, Community Development Airports Division  
 DEPARTMENT OR AGENCY NAME  
 LEGISTAR # 20-0594 **6/9/2020**  
 DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

4/30/2020  
 DATE

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 \* 011 = INCREASE IN APPROPRIATION / BOS APPROVED  
 \* 003 = DECREASE ESTIMATED REVENUE \* 012 = DECREASE IN APPROPRIATION / BOS APPROVED

| S F X | D/C | FENIX Org | SUB OBJECT NUMBER | PL String                  | AMOUNT    | DESCRIPTION (50 CHARACTERS MAX.)  |
|-------|-----|-----------|-------------------|----------------------------|-----------|---|
| 1     | C   | 3540410   | 1100              | 35400020-35FEDERAL-35CARES | 30,000.00 | FY 19-20 CARES ACT GRANT INC FEDERAL OTHER <b>PYL Airport</b>             |
| 2     | D   | 3540410   | 4300              | 35400020-35OPSMNT          | 30,000.00 | FY 19-20 CARES ACT GRANT INC PROFESSIONAL SERVICES <b>SVC PYL Airport</b> |
| 3     | C   | 3540420   | 1100              | 35400030-35FEDERAL-35CARES | 30,000.00 | FY 19-20 CARES ACT GRANT INC FEDERAL OTHER <b>GT Airport</b>              |
| 4     | D   | 3540420   | 4300              | 35400030-35OPSMNT          | 30,000.00 | FY 19-20 CARES ACT GRANT INC PROFESSIONAL SERVICES <b>SVC GT Airport</b>  |
| 5     |     |           |                   |                            |           |   |
| 6     |     |           |                   |                            |           |   |
| 7     |     |           |                   |                            |           |   |
| 8     |     |           |                   |                            |           |   |
| 9     |     |           |                   |                            |           |   |
| 10    |     |           |                   |                            |           |   |
| 11    |     |           |                   |                            |           |   |
| 12    |     |           |                   |                            |           |   |
| 13    |     |           |                   |                            |           |   |
| 14    |     |           |                   |                            |           |   |
| 15    |     |           |                   |                            |           |   |
| 16    |     |           |                   |                            |           |   |
| 17    |     |           |                   |                            |           |   |
| 18    |     |           |                   |                            |           |   |
| 19    |     |           |                   |                            |           |   |
| 20    |     |           |                   |                            |           |   |
| 21    |     |           |                   |                            |           | Prepared by: Brandi Reid  |
| 22    |     |           |                   |                            |           |   |

REVIEWED FOR FORMAT BY  
**Joe Harn** 6-4-2020  
 JOE HARN, C.P.A. AUDITOR / CONTROLLER  
**Janet**  
 CHIEF ADMINISTRATIVE OFFICE - ANALYST  
**J. Scott**  
 CHIEF ADMINISTRATIVE OFFICE

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  
**Brandi Reid** 5/27/20  
 SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS / DATE  
**Brandi Reid** 6/9/20  
 ATTEST: CLERK, BOARD OF SUPERVISORS  
**Brandi Reid**