AUDITOR	/ CONTROLLER'S USE	EL DORADO COUNTY APPROPRIATION TRANSFER (29125 GOV. CODE)			
TRANSFER#		BUDGET TRANSFER REQUEST		DOCUMENT TOTAL	\$9,500,000.00
JOURNAL #		BUDGET TRANSFER #1 - INCREASING TOTAL APPROPRIATIONS, REVENUES, OR FIXED ASSETS REQUIRES BOS APPROVAL BUDGET TRANSFER #2 - MOVING APPROPRIATIONS OF REVENUE BETWEEN CLASSIFICATIONS REQUIRES CAO APPROVAL		NUMBER OF LINES	3
DATE				NET TOTAL	\$0.00
INPUT BY					
TO BE COM	PLETED BY DEPARTMENT	Budget Transfer Type:	Transfer 1: BoS Approval		
DEPT NAME Sherif		Legistar Number & Date:	23-2066 12/5/2023		
DEPT CONTACT & EXT. Monica Ferguson X7613					PAGE 1 OF 1
		DEPARTMENT AUT	HORIZATION SIGNATURE AND DATE	DATE	
	2. REMOVE T		GISTAR MASTER REPORT REQUEST TO THE CHIEF ADMINISTRATIVE OF IL WORKBOOK TO APINTERFACES AND CAO		

S F X	Budget Rollup Code	ORG	OBJECT	PROJECT STRING	GL Project	INCREASE OR DECREASE (INC / DEC)	AMOUNT	DESCRIPTION (30 CHARACTERS MAX.)	
1	24500	2420200	5240	2420CALDFR-2400300-C40SERSUP-NA		INC	\$ 4,750,000	CALDOR MUTUAL AID EXPENSE	
2		2420200	0880	2420CALDFR-2405000-STATE-NA		INC	\$ 475,000	STATE REIMBURSEMENT	
3		2420200	1060	2420CALDFR-2412000-FEDERAL-NA		INC	\$ 4,275,000	FEMA REIMBURSEMENT	
4									
5									
6									
7									
8									
9									
10									
11									
12									
5=	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	NO SHEET: BUDGET TR	ANSFER INFORMATION		
Department Name*	Sherif	Budget Transfer Type	: Transfer 1: Bos	S Approval	
Clerk*	Monica Ferguson	Document total*	\$	9,500,000	
Contact phone*	X7613				
BUDGET TRANSFER HE	ADER				
Prepared date*	01/00/00	Check Applicable*	One Time (after Adopted Budget)		
Fiscal year	2023-24		Continuing (include in the Adopted Bud	iget)	
Short Description* (10 characters)	ALLOCEXPEN				
		Legistrar Item Number	23-2066 12/5/2023		
* REQUIRED FIELDS		Project Strings Required	yes Yes		
	s true and accurate to the be is and <u>3.</u> all transfers approv	ed on this journal are in o	have been delegated signature compliance with County policie		
		Authorized si	gnature*		
	BUDGET TRANSFER.	JUSTIFICATION AND DE	SCRIPTION* (will be scanned in	to FENIX TCM)	
requested mutual aid mileage and are now	from over 40 law enforceme seeking reimbursement. FEN mitted prior to reimburseme	nt agencies throughout Ca NA and CalOES have agree	to preserve public safety and ralifornia. Those agencies submed to fund 97.5% of thses costs, requesting a budget transfer to	itted invoices for their staff t however, proof of payment	time and to the
		FOR AUDITOR'S O	FFICE USE ONLY		
Audit date:			Budget Transfer number:		-
Audited by:		_	Interfaced by:		-7

Processed on: