

BUDGET TRANSFER REQUEST #1

TRANSFER # TR 709039
 DATE 5/27/19
 CODE BY 11/2/18

District Attorney FY 18/19

DEPARTMENT OR AGENCY NAME

DOCUMENT TOTAL 306,750.00
 NUMBER OF LINES 12
 TRANSACTION CODE TOTAL* 104

9/25/2018

DATE

[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

944
 (2) CALVES

S F X	TRANS CODE NO.*	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	002	2200000	1124	22CALOESST-FEDERAL	153,375.00	FY 18/19 FED REVENUE INC CALOES ST 18-1496
2	011	2200000	3000	22CALOESST-C30SALBEN	60,651.00	FY 18/19 INC SALARY CALOES ST 18-1496
3	011	2200000	3020	22CALOESST-C30SALBEN	15,836.00	FY 18/19 INC RETIREMENT CALOES ST 18-1496
4	011	2200000	3022	22CALOESST-C30SALBEN	1,333.00	FY 18/19 INC MEDICARE CALOES ST 18-1496
5	011	2200000	3040	22CALOESST-C30SALBEN	18,724.00	FY 18/19 INC HEALTH INS CALOES ST 18-1496
6	011	2200000	3041	22CALOESST-C30SALBEN	1,983.00	FY 18/19 INC UNEMP INS CALOES ST 18-1496
7	011	2200000	3042	22CALOESST-C30SALBEN	217.00	FY 18/19 INC LTD CALOES ST 18-1496
8	011	2200000	3080	22CALOESST-C30SALBEN	3,680.00	FY 18/19 INC FLEX BEN CALOES ST 18-1496
9	011	2200000	4300	22CALOESST-C40SERSUP	36,369.00	FY 18/19 INC PROF SVCS CALOES ST 18-1496
10	011	2200000	4600	22CALOESST-C40SERSUP	14,582.00	FY 18/19 INC TRVL/TRN CALOES ST 18-1496
11						
12						18-1496 BOS 10/16/2018 ✓
13						

REVIEWED FOR FORMAT BY

[Signature]
 JOE HARN, C.P.A. AUDITOR / CONTROLLER

[Signature] 10/25/18
 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]
 CHIEF ADMINISTRATIVE OFFICE ANALYST

[Signature] 10/12/18
 DATE

[Signature] 10/16/2018
 SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS DATE

[Signature]
 CHIEF ADMINISTRATIVE OFFICE

[Signature] 10/22/2018
 DATE

[Signature]
 ATTEST: CLERK, BOARD OF SUPERVISORS