

MEMO SHEET: BUDGET TRANSFER INFORMATION



Department Name*	Department of Transportation	Budget Transfer Type:	Transfer 1: BoS Approval
Clerk*	Brandi Reid	Document total*	\$ 8,000
Contact phone*	530-621-5851		

BUDGET TRANSFER HEADER

Prepared date*	07/08/21	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>	EMERALDMDW	
	Registrar Item Number*	21-1142 7/27/21
* REQUIRED FIELDS	Project Strings Required	Yes

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*





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

Department of Transportation requests to access contingency for the CSA #9 Emerald Meadows Zone of Benefit to increase appropriations in Services and Supplies for both Grounds Maintenance and Utilities. Fiscal is attempting to pay year end appropriations and the Character 40 series for this Zone of Benefit is over budget. After researching, it appears that there may have been an error in the original budget submission as this Zone typically has regular charges for Grounds Maintenance, but there were no appropriations included for this in the original budget submission. Previous billings during the year have been unaffected because there were appropriations in other Character 40 objects until the final few were submitted for payment. There has been some staff turnover for this program, so budget staff will continue to collaborate with Transportation staff to ensure the accuracy of all budget submissions going forward.

FOR AUDITOR'S OFFICE USE ONLY

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

AUDITOR / CONTROLLER'S USE		EL DORADO COUNTY APPROPRIATION TRANSFER (29125 GOV. CODE)			
TRANSFER #		BUDGET TRANSFER REQUEST		DOCUMENT TOTAL	\$8,000.00
JOURNAL #		BUDGET TRANSFER #1 - INCREASING TOTAL APPROPRIATIONS, REVENUES, OR FIXED ASSETS REQUIRES BOS APPROVAL		NUMBER OF LINES	3
DATE				NET TOTAL	\$0.00
INPUT BY		BUDGET TRANSFER #2 - MOVING APPROPRIATIONS or REVENUE BETWEEN CLASSIFICATIONS REQUIRES CAO APPROVAL			
TO BE COMPLETED BY DEPARTMENT					
DEPT NAME	Department of Transportation	Legistar Number & Date:	21-1142 7/27/21		
DEPT CONTACT & EXT.				7/8/2021	PAGE 1 OF 1
		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

S F X	Budget Rollup Code	ORG	OBJECT	PROJECT STRING	GL Project	INCREASE OR DECREASE (INC / DEC)	AMOUNT	DESCRIPTION (30 CHARACTERS MAX.)
1	254B4	3596990	4183	N/A		INC	\$ 2,500	EMERALD MEADOW INC MAINT GRNDS
2	254B4	3596990	4700	N/A		INC	\$ 1,500	EMERALD MEADOW INC UTILITIES
3	35V75	3596990	7700	N/A		DEC	\$ 4,000	EMERALD MEADOW DEC CONGINGENCY
4								
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11								
12								

<p>_____ JOE HARN, C.P.A. AUDITOR / CONTROLLER DATE</p> <p>_____ CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE</p> <p>_____ CHIEF ADMINISTRATIVE OFFICER DATE</p>	<p style="text-align: center;">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</p> <p>_____ SIGNATURE: CHAIR, BOARD OF SUPERVISORS DATE</p> <p>_____ ATTEST: CLERK, BOARD OF SUPERVISORS DATE</p>
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