

**El Dorado County
Journal Entry Request Form**

To be completed and attached to all Journal requests

TO: Deputy Auditor
Auditor-Controller's Office

FROM: Wendy Perry x 4831

DEPT: Department of Child Support Services

SUBJECT: Request to process attached journal

Detailed description and justification of attached journal:

- The attached Budget Transfer Request #1 is being requested to purchase two vehicles for outreach purposes in our county. Because we have two offices, one in South Lake Tahoe, and the main office in Shingle Springs, we need the flexibility of being able to perform our required outreach efforts in both communities with a mobile office.
- The Department of Child Support Services (DCSS) is increasing our annual allocation by \$50,000 in order to purchase these two vehicles. In addition to DCSS, we have also been in communication with Fleet, Procurements, and the CAO's office in regards to this request.
- The vehicles will be 100% funded with state and federal funds. There is a net county cost of zero for this allocation and revenue increase.

File Name: Budget Transfer 2 CSS 10-31-19

Authorized Signature: _____

Ron Ladage, Director/Chief Attorney

Date: _____

10-31-19

EL DORADO COUNTY APPROPRIATION TRANSFER (29130 GOV. CODE)
BUDGET TRANSFER REQUEST #1
 CHILD SUPPORT SERVICES-DEPT. 40
 DEPARTMENT OR AGENCY NAME
 10-31-19
 DATE

AUDITOR / CONTROLLER'S USE
 TRANSFER #
 DATE
 CODE BY

TO BE COMPLETED BY THE DEPARTMENT
 DOCUMENT TOTAL \$ 100,000.00
 NUMBER OF LINES 3
 TRANSACTION CODE TOTAL* 15

10/31/2019
 DATE

PAGE 1 OF 1.00

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

S F X	TRANS CODE NO.*	ORG NUMBER	OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION	(50 CHARACTERS MAX.)
1	2	4000000	0883		\$ 17,000.00	Increase State revenue	
2	2	4000000	1103		\$ 33,000.00	Increase Federal Revenue	
3	11	4000000	6045		\$ 50,000.00	Fixed asset increased allocation for two vehicles	
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							

REVIEWED FOR FORMAT BY
 JOE HARN, C.P.A. AUDITOR / CONTROLLER
 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: CHAIRMAN, BOARD OF SUPERVISORS
 DATE

CHIEF ADMINISTRATIVE OFFICE - ANALYST
 DATE

CHIEF ADMINISTRATIVE OFFICE
 DATE

DISTRIBUTION: WHITE - BOS / YELLOW - AUDITOR / PINK - CHIEF ADMINISTRATIVE OFFICE / GOLD - DEPARTMENT