

# BUDGET TRANSFER REQUEST #1

DOCUMENT TOTAL	80,000.00
NUMBER OF LINES	2
TRANSACTION CODE TOTAL*	000

TRANSFER #	
DATE	
CODE BY	

Community Development Services  
 DEPARTMENT OR AGENCY NAME  
 LEGISTAR # 19-0010

1/31/2019  
 DATE

*Bm* *[Signature]* 1/31/19  
 DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

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	D/C	FENIX Org	SUB OBJECT NUMBER	PL String	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	D	3630350	6040	36001124-36FXDASSET-36NA-36RR21	40,000.00	FY 18-19 FIXED ASSET INC DUMP SWAP LOADER
2	C	3630350	1768	36001124-36LOCAL-36TRPAOM-36GENERAL	40,000.00	FY 18-19 FIXED ASSET INC TRPA GRANT REVENUE
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						Prepared by: Brandi Reid
16						

REVIEWED FOR FORMAT BY  
 \_\_\_\_\_  
 JOE HARN, C.P.A. AUDITOR / CONTROLLER

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

DATE

CHIEF ADMINISTRATIVE OFFICE - ANALYST

DATE

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS

DATE

CHIEF ADMINISTRATIVE OFFICE

DATE

ATTEST: CLERK, BOARD OF SUPERVISORS