

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
JOURNAL #	
DATE	
INPUT BY	
TO BE COMPLETED BY DEPARTMENT	
DEPT NAME	Auditor-Controller/Treasurer-Tax Collector
DEPT CONTACT & EXT.	Sonja Cook x5421

EL DORADO COUNTY APPROPRIATION TRANSFER (28125 GOV. CODE)

BUDGET TRANSFER REQUEST

BUDGET TRANSFER #1 - INCREASING TOTAL APPROPRIATIONS, REVENUES, OR FIXED ASSETS REQUIRES BOS APPROVAL

BUDGET TRANSFER #2 - MOVING APPROPRIATIONS or REVENUE BETWEEN CLASSIFICATIONS REQUIRES CAO APPROVAL

Budget Transfer Type: Transfer 1: BoS Approval

Legistar Number & Date: (MID YEAR AGENDA ITEM)

[Signature] 2/6/24
DEPARTMENT AUTHORIZATION SIGNATURE AND DATE

DOCUMENT TOTAL	\$100,000.00
NUMBER OF LINES	10
NET TOTAL	\$0.00
1/30/2024	
PAGE 1 OF 1	

DIRECTIONS:

- MEMO REQUIRED, IF BOS, INCLUDE A COPY OF THE LEGISTAR MASTER REPORT
- REMOVE THE GREEN COPY AND SUBMIT COMPLETED REQUEST TO THE CHIEF ADMINISTRATIVE OFFICE
- 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		0370719	0360			INC	\$ 25,000	INC REV DELINQUENT SECURED
2		0370719	7000			INC	\$ 25,000	INC OPS TRANSFER OUT
3		0410000	2020			INC	\$ 25,000	INC OP TRANSFER IN
4		0410000	4461			INC	\$ 7,000	INC MINOR EQUIP
5		0410000	4605			INC	\$ 2,000	INC VEH RENTS
6		0410000	4606			INC	\$ 3,000	INC FUEL EXPENSE
7		0410000	4400			INC	\$ 4,000	INC PUBLICATIONS EXP
8		0410000	4538			INC	\$ 3,000	INC SOFTWARE
9		0400000	3001			INC	\$ 2,000	INC TEMP EMPLOYEES
10		0400000	4600			INC	\$ 4,000	INC TRANSP AND TRAVEL
11								
12								

[Signature] 2-6-2024
JOE HARN, C.P.A. AUDITOR / CONTROLLER DATE

[Signature] 2/13/24
CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE

CHIEF ADMINISTRATIVE OFFICER 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

SIGNATURE: CHAIR, BOARD OF SUPERVISORS DATE

ATTEST: CLERK, BOARD OF SUPERVISORS DATE

MEMO SHEET: BUDGET TRANSFER INFORMATION

Department Name*	Auditor-Controller/Treasurer	Budget Transfer Type:	Transfer 1: BoS Approval
Clerk*	SONJA COOK	Document total*	\$ 100,000
Contact phone*	5421		

BUDGET TRANSFER HEADER

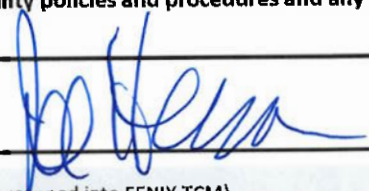
Prepared date*	01/30/24	Check Applicable*	<input checked="" type="checkbox"/> One Time (after Adopted Budget)
Fiscal year	FY23/24		<input type="checkbox"/> Continuing (Include in the Adopted Budget)
Short Description* <small>(10 characters)</small>	TSFR AUTTC	Legistar Item Number*	(MID YEAR AGENDA ITEM)

*** REQUIRED FIELDS**

Project Strings Required	No
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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.

<i>2/6/24</i>	Authorized signature*	
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BUDGET TRANSFER JUSTIFICATION AND DESCRIPTION* (will be scanned into FENIX TCM)

INCREASED COLLECTIONS IN DEFAULTED PRIOR YEAR TAX BILLS HAVE ALREADY EXCEEDED THE OPS TRANSFER BUDGET FOR FY2324, PRIMARILY DUE TO AN UNEXPECTED AMOUNT OF REDEEMED DEFAULTS FROM TIMESHARE AND TAX SALE ACTIVITY. THIS ADDITIONAL REVENUE REQUIRES AN INCREASE IN THE AUDITOR'S SPECIAL REVENUE FUND AND INCREASE IN OPERATING TRANSFERS OUT, AS WELL AS INCREASES FOR TREASURY'S OPERATING TRANSFERS IN, SERVICE & SUPPLIES, AND TEMPORARY EMPLOYEES.



FOR AUDITOR'S OFFICE USE ONLY

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