

AUDITOR / CONTROLLER'S USE		EL DORADO COUNTY APPROPRIATION TRANSFER (29125 GOV. CODE)		BUDGET TRANSFER REQUEST		DOCUMENT TOTAL		\$15,000.00		
TRANSFER #		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				NUMBER OF LINES		2		
JOURNAL #						NET TOTAL		\$0.00		
DATE										
INPUT BY										
TO BE COMPLETED BY DEPARTMENT				Budget Transfer Type:		Transfer 1: BoS Approval				
DEPT NAME		CAO: EMS/Preparedness		Legistar Number & Date:		21-0161 02/09/21				
DEPT CONTACT & EXT.		Jeremy Apodaca, x5838		DEPARTMENT AUTHORIZATION SIGNATURE AND DATE						DATE
								PAGE 1 OF 1		

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	12410	1220210	4500			DEC	\$ 7,500	DEC SPEC DEPT EXP FOR FREEZER
2	12600	1220210	6040			INC	\$ 7,500	INC FA EQUIP FOR FREEZER
3								
4								
5								
6								
7								
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9								
10								
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 AMMENDED) 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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MEMO SHEET: BUDGET TRANSFER INFORMATION

Department Name*	CAO: EMS/Preparedness	Budget Transfer Type:	Transfer 1: BoS Approval
Clerk*	JEREMY APODACA	Document total*	\$ 15,000
Contact phone*	x 5838		

BUDGET TRANSFER HEADER

Prepared date*	01/00/00	Check Applicable*	<input checked="" type="checkbox"/> One Time (after Adopted Budget)
Fiscal year			<input type="checkbox"/> Continuing (include in the Adopted Budget)
Short Description* <small>(10 characters)</small>	FREEZER	Registrar Item Number*	21-0161 02/09/21
* REQUIRED FIELDS		Project Strings Required	No

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)

This budget transfer increases Fixed Assets: Equipment for the purchase of a ultra-low temperature freezer for use in COVID-19 vaccination efforts, to be purchased by CAO: EMS/Emergency Preparedness using CDPH COVID-19 grand funding.

FOR AUDITOR'S OFFICE USE ONLY

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