

EL DORADO COUNTY APPROPRIATION TRANSFER ( 29125 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

DOCUMENT TOTAL	\$40,000.00
NUMBER OF LINES	2
NET TOTAL	\$0.00

12/28/2023      PAGE 1 OF 1

DATE

**AUDITOR / CONTROLLER'S USE**

TRANSFER #

JOURNAL #

DATE

INPUT BY

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**TO BE COMPLETED BY DEPARTMENT**

DEPT NAME      Elections

DEPT CONTACT & EXT.      Cynthia Morrison x7481

Transfer 1: BoS Approval

Legistar Number & Date:      24-0044 01/30/24

DEPARTMENT AUTHORIZATION SIGNATURE AND 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	Budget Rollup Code	ORG	OBJECT	PROJECT STRING	GL Project	INCREASE OR DECREASE (INC / DEC)	AMOUNT	DESCRIPTION	(30 CHARACTERS MAX.)
1		1900000	1126	19ELECT - 19OPER - REIMB - 19HAVA		INC	\$ 20,000	FY23/24 INC REVENUE	23G26109
2	19400	1900000	4500	19ELECT - 19OPER - C40SERSUP - 19ELECTEXP		INC	\$ 20,000	FY23/24 INC APPROP TO DEPT EXP	
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

**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**

JOE HARN, C.P.A. AUDITOR / CONTROLLER      DATE

CHIEF ADMINISTRATIVE OFFICE - ANALYST      DATE

CHIEF ADMINISTRATIVE OFFICER      DATE

SIGNATURE: CHAIR, BOARD OF SUPERVISORS      DATE

ATTEST: CLERK, BOARD OF SUPERVISORS      DATE

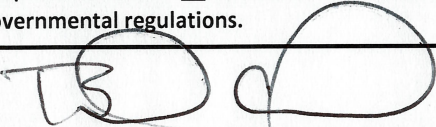
MEMO SHEET: BUDGET TRANSFER INFORMATION

Department Name*	Elections	Budget Transfer Type:	Transfer 1: BoS Approval
Clerk*	Cynthia Morrison	Document total*	\$ 40,000
Contact phone*	x7481		

BUDGET TRANSFER HEADER

Prepared date*	12/28/23	Check Applicable* <input checked="" type="checkbox"/> One Time (after Adopted Budget) <input type="checkbox"/> Continuing (include in the Adopted Budget)
Fiscal year	23/24	
Short Description* <small>(10 characters)</small>	HAVA REIMB	
		Legistrar Item Number* 24-0044 01/30/24
* 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 increase will used to provide surveying and ADA required support and services to voters as part of the HAVA Polling Place Access agreement. The State provided these funds through a Federal grant process.

FOR AUDITOR'S OFFICE USE ONLY

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