AUDITOR / CONTROLLER'S USE	
ANSFER #	
URNAL #	
TE	
PUT BY	

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	$10,000.00
NUMBER OF LINES	2
NET TOTAL	$0.00

TO BE COMPLETED BY DEPARTMENT			
EPT NAME	Auditor-Controller	Budget Transfer Type:	Transfer 1: BoS Approval
PT CONTACT & EXT.	Sonja Cook	Legistar Number & Date:	25-0584

5-2-2025
DEPARTMENT AUTHORIZATION SIGNATURE AND DATE

5/1/2025
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 F X	Budget Rollup Code	ORG	OBJECT	PROJECT STRING	GL Project	INCREASE OR DECREASE (INC / DEC)	AMOUNT	DESCRIPTION (30 CHARACTERS MAX.)
1		0330000	6040			INC	$ 5,000	INC FA PRESSURE SEALER
2	033000	0340000	3000			DEC	$ 5,000	DEC S&B FOR PRESSURE SEALER
3								
4								
6								
7								
8								
9								
10								
11								
12								

JOE HARN, C.P.A. AUDITOR-CONTROLLER DATE 5-2-2025

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

APFORMS\BUDGET TRANSFER 2.XLS

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

MEMO SHEET: BUDGET TRANSFER INFORMATION

Department Name*	Auditor-Controller	**Budget Transfer Type:**	**Transfer 1: BoS Approval**
Clerk*	Scook	**Document total***	**$ 10,000**
Contact phone*	x5421		

BUDGET TRANSFER HEADER

Prepared date*	05/01/25
Fiscal year	FY24/25
Short Description* (10 characters)	FXD ASST

Check Applicable*
- [x] One Time (after Adopted Budget)
- [ ] Continuing (Include in the Adopted Budget)

Legistrar Item Number*	25-0584
Project Strings Required	No

*** REQUIRED FIELDS**

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)

The department requires the one-time purchase of a secondary pressure sealer for the printing of W2s and 1099 forms. One sealer will be dedicated to W2s and the other to 1099s - they will functions as backups to each other in the case of a mechanical failure.

This expense will be offset by salary savings from the Accounts Payable division.

FOR AUDITOR'S OFFICE USE ONLY

Audit date: _____ Budget Transfer number: _____

Audited by: _____ Interfaced by: _____

Processed on: _____