

AUDITOR / CONTROLLER'S USE		EL DORADO COUNTY APPROPRIATION TRANSFER (29125 GOV. CODE)	
TRANSFER #		BUDGET TRANSFER REQUEST	
JOURNAL #		DOCUMENT TOTAL \$10,000.00	
DATE		NUMBER OF LINES 2	
PUT BY		NET TOTAL \$0.00	
TO BE COMPLETED BY DEPARTMENT			
DEPT NAME	Auditor-Controller	Transfer 1: BoS Approval	
DEPT CONTACT & EXT.	Sonja Cook	Legistar Number & Date: 25-0584	
		5/1/2025	
		PAGE 1 OF 1	
		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		03300000	6040			INC	\$ 5,000	INC FA PRESSURE SEALER	
2	033000	03400000	3000			DEC	\$ 5,000	DEC S&B FOR PRESSURE SEALER	
3									
4									
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	
SIGNATURE: CHAIR, BOARD OF SUPERVISORS	
DATE	
ATTEST: CLERK, BOARD OF SUPERVISORS	
DATE	

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	Check Applicable* ☒ One Time (after Adopted Budget) ☐ Continuing (Include in the Adopted Budget)
Fiscal year	FY24/25	
Short Description* (10 characters)	FXD ASST	
Legistrar Item Number*		25-0584

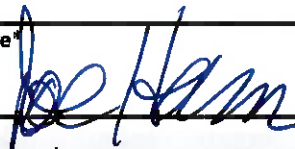
* REQUIRED FIELDS

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)

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: _____
Audited by: _____

Budget Transfer number: _____
Interfaced by: _____
Processed on: _____