

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

EL DORADO COUNTY APPROPRIATION TRANSFER ( 29130 GOV. CODE )

# BUDGET TRANSFER REQUEST #1

HHSa - Behavioral Health  
DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	-
NUMBER OF LINES	9
TRANSACTION CODE TOTAL*	NA

2/5/2020  
DATE

*Yok* *Dull*  
DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

COMPLETE THE INFORMATION BELOW WITH JUSTIFICATION NARRATIVE OR ATTACH A MEMO.  
REMOVE THE GOLD COPY AND SUBMIT COMPLETE REQUEST TO THE AUDITOR / CONTROLLER'S OFFICE.  
A BUDGET TRANSFER MUST BE AT LEAST TWO LINES, NOT EXCEED TWENTY-SIX LINES AND USE AN "ODD AND EVEN" NUMBERED TRANSACTION CODE\*

\* 002 = INCREASE ESTIMATED REVENUE      \* 011 = INCREASE IN APPROPRIATION / BOS APPROVED  
\* 003 = DECREASE ESTIMATED REVENUE      \* 012 = DECREASE IN APPROPRIATION / BOS APPROVED

S F X	D/C	FENIX Org	SUB OBJECT NUMBER	PL String	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	C	5310100	2026	BUDGET-SUMMARY	(626,425)	FY 19-20 Inc Rev Op Tsfr In 2011 Realign
2	D	5310100	1107	BUDGET-SUMMARY	626,425	FY 19-20 Dec Rev Fed Medi-Cal
3	C	5310100	2027	BUDGET-SUMMARY	(244,345)	FY 19-20 Inc Rev Op Tsfr In 1991 Realign
4	D	5310100	4300	BUDGET-SUMMARY	194,345	FY 19-20 Inc Appro Prof Svcs
5	D	5310100	7000	BUDGET-SUMMARY	50,000	FY 19-20 Inc Appro Operating Tsfr Out
6	C	5310150	0002	BUDGET-SUMMARY	(442,882)	FY 19-20 Inc From Reserves
7	D	5310150	7700	BUDGET-SUMMARY	442,882	FY 19-20 Inc Appro for Contingencies
8	C	5320200	7380	BUDGET-SUMMARY	(4,796)	FY 19-20 Dec Exp Intrafund Tsfr Abatement
9	D	5320200	4300	BUDGET-SUMMARY	4,796	FY 19-20 Inc Appro Prof Svcs
10						
11						
12						

*Legistar 20-0196*  
*J 2/25/2020*

REVIEWED FOR FORMAT BY

JOE HARN, C.P.A. AUDITOR / CONTROLLER      DATE  
*Melanie B. Pincell*      *2/11/2020*  
CHIEF ADMINISTRATIVE OFFICE - ANALYST      DATE

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

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS      DATE

CHIEF ADMINISTRATIVE OFFICE      DATE      ATTEST: CLERK, BOARD OF SUPERVISORS

