

BUDGET TRANSFER REQUEST #1

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	20500
NUMBER OF LINES	2
TRANSACTION CODE TOTAL*	22 13

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

Probation
DEPARTMENT OR AGENCY NAME

4/27/20
DATE

[Signature]
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
- * 003 = DECREASE ESTIMATED REVENUE

- * 011 = INCREASE IN APPROPRIATION / BOS APPROVED
- * 012 = DECREASE IN APPROPRIATION / BOS APPROVED

S F X	TRANS CODE NO.*	ORG NUMBER	OBJECT NUMBER	PROJECT STRING	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	11 002	2510150	0880	25PBAD-25PRCS- STATE	10250.00	FY 19/20 Rev Incr Additional PRCS funding
2	11	2510150	5009	25PBAD-25GENERAL- 25GENSUPRV- 25INTFNDCH	10250.00	FY 19/20 Exp Incr Additional PRCS funding
3						
4						
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9						
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11						
12						
13						BOS Agenda Item #20-0569

REVIEWED
FOR
FORMAT BY

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

[Signature] 4/27/20
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