

|                                        |                          |                                                                                                                                                                                                                                                                                          |  |                                                                                                        |  |                                                            |  |
|----------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------|--|
| <b>AUDITOR / CONTROLLER'S USE</b>      |                          | EL DORADO COUNTY APPROPRIATION TRANSFER ( 29126 GOV. CODE )                                                                                                                                                                                                                              |  | <b>BUDGET TRANSFER REQUEST</b>                                                                         |  | DOCUMENT TOTAL <b>\$840,414.00</b>                         |  |
| TRANSFER #                             | TK2025112                | BUDGET TRANSFER #1 - INCREASING TOTAL APPROPRIATIONS, REVENUES, OR<br>FIXED ASSETS REQUIRES BOS APPROVAL                                                                                                                                                                                 |  | BUDGET TRANSFER #2 - MOVING APPROPRIATIONS or REVENUE BETWEEN<br>CLASSIFICATIONS REQUIRES CAO APPROVAL |  | NUMBER OF LINES     62                                     |  |
| JOURNAL #                              | 2025-12-2181             |                                                                                                                                                                                                                                                                                          |  |                                                                                                        |  | NET TOTAL <b>\$0.00</b>                                    |  |
| DATE                                   | 6/20/25                  |                                                                                                                                                                                                                                                                                          |  |                                                                                                        |  | moving CEMETARIES from<br>DEPT 35 TO DEPT 6. ma<br>6/16/25 |  |
| INPUT BY                               | NK                       |                                                                                                                                                                                                                                                                                          |  |                                                                                                        |  |                                                            |  |
| <b>TO BE COMPLETED BY DEPARTMENT</b>   |                          | Budget Transfer Type:                                                                                                                                                                                                                                                                    |  | Transfer 1: BoS Approval                                                                               |  |                                                            |  |
| DEPT NAME                              | CAO: FACILITIES DIVISION | Legistar Number & Date:                                                                                                                                                                                                                                                                  |  | 25-1073 - 6/24/25                                                                                      |  |                                                            |  |
| DEPT CONTACT & EXT.     JEREMY APODACA |                          | <u>Laura Schwartz</u><br><small>Laura Schwartz (Jun 4, 2025 10:14 PM)</small>                                                                                                                                                                                                            |  | 6/4/2025                                                                                               |  | PAGE 1 OF 1                                                |  |
|                                        |                          |                                                                                                                                                                                                                                                                                          |  | DEPARTMENT AUTHORIZATION SIGNATURE AND DATE                                                            |  | DATE                                                       |  |
| SA<br>JA<br>KWH                        |                          | <b>DIRECTIONS:</b><br>1. MEMO REQUIRED, IF BOS, INCLUDE A COPY OF THE LEGISTAR MASTER REPORT<br>2. REMOVE THE GREEN COPY AND SUBMIT COMPLETED REQUEST TO THE CHIEF ADMINISTRATIVE OFFICE<br>3. IF BUDGET TRANSFER EXCEEDS 12 LINES, EMAIL EXCEL WORKBOOK TO APINTERFACES AND CAO ANALYST |  |                                                                                                        |  |                                                            |  |

| S<br>F<br>X | Budget<br>Rollup<br>Code | ORG | OBJECT | PROJECT STRING | GL Project | INCREASE OR<br>DECREASE<br>(INC / DEC) | AMOUNT | DESCRIPTION (30 CHARACTERS<br>MAX.) |
|-------------|--------------------------|-----|--------|----------------|------------|----------------------------------------|--------|-------------------------------------|
| 1           |                          |     |        |                |            |                                        |        |                                     |
| 2           |                          |     |        | SEE ATTACHED   |            |                                        |        |                                     |
| 3           |                          |     |        |                |            |                                        |        |                                     |
| 4           |                          |     |        |                |            |                                        |        |                                     |
| 5           |                          |     |        |                |            |                                        |        |                                     |
| 6           |                          |     |        |                |            |                                        |        |                                     |
| 7           |                          |     |        |                |            |                                        |        |                                     |
| 8           |                          |     |        |                |            |                                        |        |                                     |
| 9           |                          |     |        |                |            |                                        |        |                                     |
| 10          |                          |     |        |                |            |                                        |        |                                     |
| 11          |                          |     |        |                |            |                                        |        |                                     |
| 12          |                          |     |        |                |            |                                        |        |                                     |

|                                                                                                                                                                                                  |                                                                                                        |                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <u>Joe Harn</u><br>JOE HARN, C.P.A. AUDITOR / CONTROLLER<br>DATE: 6/11/2025                                                                                                                      | <u>Chief Administrative Office - Analyst</u><br>CHIEF ADMINISTRATIVE OFFICE - ANALYST<br>DATE: 6/11/25 | <u>Chief Administrative Officer</u><br>CHIEF ADMINISTRATIVE OFFICER<br>DATE: 6/11/25 |
| APPROVED AND SO ORDERED THAT THE ABOVE TRANSFERS BE MADE (AS REQUESTED OR<br>AMMENDED) AND INCORPORATED IN THE MINUTES OF THIS MEETING OF THE BOARD OF<br>SUPERVISORS OF THE COUNTY OF EL DORADO |                                                                                                        |                                                                                      |
| <u>Signature of Chair</u><br>SIGNATURE: CHAIR, BOARD OF SUPERVISORS<br>DATE: 6-24-25                                                                                                             |                                                                                                        | <u>Signature of Clerk</u><br>ATTEST: CLERK, BOARD OF SUPERVISORS<br>DATE: 6-24-25    |

S:\APFORMS\BUDGET TRANSFER 2.XLS