


MEMO SHEET: BUDGET TRANSFER INFORMATION

Department Name*	Department of Transportation	Budget Transfer Type:	Transfer 1: BoS Approval
Clerk*	Brandi Reid	Document total*	\$ 20,000
Contact phone*	530-621-5851		

BUDGET TRANSFER HEADER

Prepared date*	03/25/21	Check Applicable*	<input checked="" type="checkbox"/> One Time (after Adopted Budget)
Fiscal year	20/21		<input type="checkbox"/> Continuing (include in the Adopted Budget)
Short Description* <small>(10 characters)</small>	ZONECTNGY	Legistrar Item Number*	21-0513
* 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*
 4/1/21

BUDGET TRANSFER JUSTIFICATION AND DESCRIPTION* (will be scanned into FENIX TCM)

The Department of Transportation's County Service Area #3 South Shore Snow Zone of Benefit (ZOB) has a Henke Snow Plow and Gate included in the FY 20/21 budget in the amount of \$25,000. A quote has been received for the purchase of this equipment which has exceeded the budgeted amount. This budget transfer requests to move funds within this Org to accommodate the higher price.

FOR AUDITOR'S OFFICE USE ONLY

Audit date:	_____	Budget Transfer number:	_____
Audited by:	_____	Interfaced by:	_____
		Processed on:	_____

AUDITOR / CONTROLLER'S USE		EL DORADO COUNTY APPROPRIATION TRANSFER (29125 GOV. CODE)			
TRANSFER #		BUDGET TRANSFER REQUEST		DOCUMENT TOTAL	\$20,000.00
JOURNAL #		BUDGET TRANSFER #1 - INCREASING TOTAL APPROPRIATIONS, REVENUES, OR FIXED ASSETS REQUIRES BOS APPROVAL		NUMBER OF LINES	2
DATE				NET TOTAL	\$0.00
INPUT BY		BUDGET TRANSFER #2 - MOVING APPROPRIATIONS or REVENUE BETWEEN CLASSIFICATIONS REQUIRES CAO APPROVAL			
TO BE COMPLETED BY DEPARTMENT		Budget Transfer Type:	Transfer 1: BoS Approval		
DEPT NAME	Department of Transportation		Legistar Number & Date:	21-0513	
DEPT CONTACT & EXT.	Brandi Reid x 5851				4/1/21
			DEPARTMENT AUTHORIZATION SIGNATURE AND DATE		3/25/2021
					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 F X	Budget Rollup Code	ORG	OBJECT	PROJECT STRING	GL Project	INCREASE OR DECREASE (INC / DEC)	AMOUNT	DESCRIPTION (30 CHARACTERS MAX.)
1	35414	3583809	4420	n/a		DEC	\$ 10,000	SS ZOB HENKE PLOW DEC RENT EQP
2	35614	3583809	6040	n/a		INC	\$ 10,000	SS ZOB HENKE PLOW INC FXD ASST
3								
4								
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12								

<p>_____ JOE HARN, C.P.A. AUDITOR / CONTROLLER DATE</p> <p>_____ CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE</p> <p>_____ CHIEF ADMINISTRATIVE OFFICER DATE</p>	<p style="text-align: center;">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</p> <p>_____ SIGNATURE: CHAIR, BOARD OF SUPERVISORS DATE</p> <p>_____ ATTEST: CLERK, BOARD OF SUPERVISORS DATE</p>
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