

BUDGET TRANSFER REQUEST #1

TO BE COMPLETED BY THE DEPARTMENT

DOCUMENT TOTAL 148,800.00

NUMBER OF LINES 4

TRANSACTION CODE TOTAL * 26

District Attorney FY 17/18

DEPARTMENT OR AGENCY NAME

9/13/2017

DATE

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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.*	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION	(50 CHARACTERS MAX.)
1	002	7722303	0001		37,200.00	FY 17/18 INC FUND BAL ASSET FORFEITURE 17-1027	
2	011	7722303	7000		37,200.00	FY 17/18 INC OP TRFS ASSET FORFEITURE 17-1027	
3	002	220210	2020		37,200.00	FY 17/18 INC OP TRFS ASSET FORFEITURE 17-1027	
4	011	220210	4300		37,200.00	FY 17/18 INC PROF SRV ASSET FORFEITURE 17-1027	
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REVIEWED FOR FORMAT BY

1027 ff 1 of 1

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: CHAIRMAN, BOARD OF SUPERVISORS

DATE

CHIEF ADMINISTRATIVE OFFICE

DATE

ATTEST: CLERK, BOARD OF SUPERVISORS