

TRANSFER # TR2020167
DATE 5/2020-12-332
CODE BY NK 6/1/20

BUDGET TRANSFER REQUEST #1

HSA Public Health Department

DEPARTMENT OR AGENCY NAME

DOCUMENT TOTAL	-
NUMBER OF LINES	0
TRANSACTION CODE TOTAL*	0

4/29/2020

DATE

[Signature]
DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

PAGE 1 OF 1

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	D/C	ORG CODE	GL PROJ	SUB OBJECT NUMBER	PL STRING	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	C	5440460		1200	BUDGET SUMMARY	(521,873)	FY 19-20 Inc Other Gov Agencies Revenue COVID
2	D	5440460		4500	BUDGET SUMMARY	64,399	FY 19-20 Inc Special Dept Exp
3	D	5440460		5009	BUDGET SUMMARY	75,000	FY 19-20 Inc Housing
4	D	5440460		3000	BUDGET SUMMARY	212,193	FY 19-20 Inc Salary
5	D	5440460		4300	BUDGET SUMMARY	92,000	FY 19-20 Inc Professional Services
6	D	5440460		5000	BUDGET SUMMARY	78,281	FY 19-20 Inc Support & Care of Persons
7							
8							
9							20-0628 Legistar 20-0000 20-0628 5/19/2020
10							
11							
12							
13							

REVIEWED FOR FORMAT BY

[Signature] 6/4/2020 *[Signature]*
JOE HARN, C.P.A. AUDITOR / CONTR DATE

[Signature] 5/7/2020
CHIEF ADMINISTRATIVE OFFICE - AN/ DATE

[Signature] *[Signature]*
CHIEF ADMINISTRATIVE OFFICE 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] 6/8/20
SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS DATE

[Signature]
ATTEST: CLERK, BOARD OF SUPERVISORS **5:29 PM 5/20/20**

AUDITOR-CONTROLLER
MAY 12 '20 4:15:15