

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
JOURNAL #	
DATE	
INPUT BY	

EL DORADO COUNTY APPROPRIATION TRANSFER (29125 GOV. CODE)

BUDGET TRANSFER REQUEST

BUDGET TRANSFER #1 - INCREASING TOTAL APPROPRIATIONS, REVENUES, OR FIXED ASSETS REQUIRES BOS APPROVAL

BUDGET TRANSFER #2 - MOVING APPROPRIATIONS or REVENUE BETWEEN CLASSIFICATIONS REQUIRES CAO APPROVAL

DOCUMENT TOTAL	\$220,000.00
NUMBER OF LINES	8
NET TOTAL	\$0.00
<i>KWH</i>	
7/14/2021	PAGE 1 OF 1
DATE	

TO BE COMPLETED BY DEPARTMENT	
DEPT NAME	CAO: EMS/PREPAREDNESS

Budget Transfer Type: Transfer 1: BoS Approval

Legistar Number & Date: 21-0999, 07/27/21

DEPT CONTACT & EXT.	JEREMY APODACA, x5838
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sm
Sue Hennike (Jul 14, 2021 09:38 PDT)
DEPARTMENT AUTHORIZATION SIGNATURE AND DATE

DIRECTIONS:

- MEMO REQUIRED, IF BOS, INCLUDE A COPY OF THE LEGISTAR MASTER REPORT
- REMOVE THE GREEN COPY AND SUBMIT COMPLETED REQUEST TO THE CHIEF ADMINISTRATIVE OFFICE
- 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		1230100	1940 ✓			INC	\$ 50,000	INC MISC REV IMPREST ACCT TFR
2	12710	1230100	7000 ✓			INC	\$ 50,000	INC OPTFR OUT IMPREST ACCT TFR
3		1210140	2020 ✓			INC	\$ 50,000	INC OPTFR IN IMPREST ACCT TFR
4	12C10	1210140	7700 ✓			INC	\$ 50,000	INC CONTG IMPREST ACCT TFR
5	TBD	1210140	7000 ✓			INC	\$ 5,000	INC OPTFR OUT AB SUSPENSE INT
6		1210140	0400 ✓			INC	\$ 5,000	INC INTEREST AB SUSPENSE
7		1230200	2020 ✓			INC	\$ 5,000	INC OPTFR IN AB SUSPENSE INT
8		1230100	1940 ✓			DEC	\$ 5,000	DEC MISC REV AB SUSPENSE INT
9								
10								
11								
12								

<i>Joe Harn</i>	JOE HARN, C.F.A. AUDITOR / CONTROLLER	DATE
	CHIEF ADMINISTRATIVE OFFICE - ANALYST	DATE
	CHIEF ADMINISTRATIVE OFFICER	DATE

APPROVED AND SO ORDERED THAT THE ABOVE TRANSFERS BE MADE (AS REQUESTED OR AMMENDED) AND INCORPORATED IN THE MINUTES OF THIS MEETING OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO

_____ SIGNATURE: CHAIR, BOARD OF SUPERVISORS	_____ DATE
_____ ATTEST: CLERK, BOARD OF SUPERVISORS	_____ DATE