

# BUDGET TRANSFER REQUEST #1

DOCUMENT TOTAL	\$ 850,000.00
NUMBER OF LINES	2
TRANSACTION CODE TOTAL*	N/A

TRANSFER #	
DATE	
CODE BY	

*[Signature]*  
 CAO: EMS / Preparedness  
 DEPARTMENT OR AGENCY NAME

5/18/2020  
 DATE

*[Signature]* 5577  
 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	ACTION	ORG	OBJ	PL	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	DEC APPROP	1210100	7700		\$ 425,000.00	DEC APPROP FOR CONTINGENCY
2	INC APPROP	1210100	5240		\$ 425,000.00	INC APPROP FOR CONTRIBUTION
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

REVIEWED FOR FORMAT BY

JOE HARN, C.P.A. AUDITOR / CONTROLLER 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

Approved by Emma Owens on 5/21/20 *Emma Owens*

CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS DATE

CHIEF ADMINISTRATIVE OFFICE DATE

ATTEST: CLERK, BOARD OF SUPERVISORS 20-0713 A 1 of 1