| AUDITOR / CONTROLLER'S USE | | | EL DORADO COUNTY APPROPRIATION TRANSFER (29125 GOV. CODE) | | | | |
|----------------------------|-----------|-------------------|---|------------------|-----------------|-------------|-------------|
| TRANSFER # | | | BUDGET TRANSFER REQUEST | | DOCUMENT TOTAL | \$36,000.00 | |
| 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 | | | | |
| | · | | | | | | |
| тс | BE COMPLE | TED BY DEPARTMENT | Budget Transfer Type: | Transfer 1 | : BoS Approval | | |
| DEPT NAME | | Surveyor's Office | Legistar Number & Date: 8/12/2025 <u>25-1429</u> | | | | |
| DEPT CONTACT & EXT. | | JEREMY APODACA | Brian Frazier (Aug 8, 2025 12:26:22 PDT) | | | | PAGE 1 OF 1 |
| | | | DEPARTMENT AUT | HORIZATION SIGNA | TURE AND DATE | DATE | |
| JA K | CWH . | | QUIRED, IF BOS, INCLUDE A COPY OF THE LE THE GREEN COPY AND SUBMIT COMPLETED F | | | FICE | |

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 | 30600 | 3000000 | 6040 | BUDGET -SUMMARY | | INC | \$ 18,000 | INC FA EQUIP PLOTTER |
| 2 | 15V00 | 1530300 | 7700 | | | DEC | \$ 18,000 | DEC GF CONTNGNCY SURV PLOTTER |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
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| 12 | | | | | | | | |
| JOE HARN, C.P.A. AUDITOR / CONTROLLER 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 | | | |
| _ | CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE | | | | SIGNATURE: CHAIR, BOARD OF SUPERVISORS DATE | | | |
| _ | CHIEF ADMINISTRATIVE OFFICER DATE | | | | | ATTEST: CLERK, BOARD OF SUPERVISORS DATE | | |

S:\APFORMS\BUDGET TRANSFER 2.XLS

| MEMO SHEET: BUDGET TRANSFER INFORMATION | | | | | | | | | |
|---|-----------------------------|----------------------------|--|---|--|--|--|--|--|
| Department Name* | Surveyor's Office | Budget Transfer Type: | Transfer 1: BoS | Approval | | | | | |
| Clerk* | JEREMY APODACA | Document total* | \$ | 36,000 | | | | | |
| Contact phone* | X 5838 | A | | | | | | | |
| BUDGET TRANSFER HEADER | | | | | | | | | |
| Prepared date* | 08/08/25 | Check Applicable* | One Time (after Adopted Budget) | | | | | | |
| Fiscal year Short Description* | 25/26 | | Continuing (include in the Adopted Bud | get) | | | | | |
| (10 characters) | | | | 1/14/11 | | | | | |
| | | Legistar Item Number* | 8/12/2025 | кин | | | | | |
| * REQUIRED FIELDS | | Project Strings Required | Yes | | | | | | |
| 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* | | | | | | | | | |
| But | 00 PDT1 | | | | | | | | |
| Brian Frazier (Aug 8, 2025 12:26:2 | <u>'</u> | | | | | | | | |
| | BUDGET TRANSFER J | USTIFICATION AND DES | SCRIPTION* (will be scanned int | o FENIX TCM) | | | | | |
| | rease is funded from Genera | al Fund contingency. Pleas | e see the associated Board iter | ter, to replace the current equipment in for additional information regarding | | | | | |
| Audit date: | | FOR AUDITOR'S OF | Budget Transfer number: | | | | | | |
| Audited by: | | | Interfaced by: | | | | | | |
| | | | Processed on: | | | | | | |