

# BUDGET TRANSFER REQUEST #1

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	484,000
NUMBER OF LINES	4
TRANSACTION CODE TOTAL*	na

AUDITOR / CONTROLLER'S USE  
 TRANSFER # TR 2019165  
 DATE \_\_\_\_\_  
 CODE BY \_\_\_\_\_

Department of Transportation & Chief Administrative Office

DEPARTMENT OR AGENCY NAME

LEGISTAR # 19-1090 8/6/19 BOS Mtg

7/9/2019  
 DATE

*Bm J. Martinez*

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

2  
 NEG INT  
 ROAD FUND

S F X	D/C	FENIX Org	SUB OBJECT NUMBER	PL String	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	D	1550500	7000	15GF-15TD	296,000	FY 18-19 INC OPERATING TRANSFER OUT NEG INTEREST <i>GF Contribution</i>
2	C	1560600	0003	N/A	(296,000)	FY 18-19 INC DSGNTN RD INFRA FOR NEG INTEREST <i>Misc. Revenues - From designation</i>
3	C	3600010	2020	36001000-36LOCAL-36GENFUND-36GENERAL	(296,000)	FY 18-19 INC OPERATING TRANSFER IN NEG INTEREST <i>For General Dept.</i>
4	D	3600010	0400	36001000-36LOCAL-36INTEREST-36GENERAL	296,000	FY 18-19 DEC INTEREST REVENUE FOR NEG INTEREST <i>DOT General Dept</i>
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						

*Line 4 - Bal 295,941.92*

*TO COVER NEGATIVE INTEREST IN ROAD FUND*

*BOS 8/6*

Prepared by: Sarah Beal

REVIEWED FOR FORMAT BY  
*[Signature]*  
 JOE HARN, C.P.A. AUDITOR / CONTROLLER

*7-31-19*

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]*  
 CHIEF ADMINISTRATIVE OFFICE - ANALYST

*7/25/19*  
 DATE

*[Signature]* *8/6/2019*  
 SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS DATE

*[Signature]*  
 CHIEF ADMINISTRATIVE OFFICE

*7/30/2019*  
 DATE

*[Signature]*  
 ATTEST: CLERK, BOARD OF SUPERVISORS