

BUDGET TRANSFER REQUEST #1

COUNTY COUNSEL

DEPARTMENT OR AGENCY NAME

DOCUMENT TOTAL

NUMBER OF LINES

TRANSACTION CODE TOTAL*

12/12/2017

DATE

DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

PAGE ___ OF ___

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	TRANS CODE NO.*	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	011	070000	4315		200,000.00	FY 17/18 INCREASE IN OUTSIDE LITIGATION COSTS <i>Incr. Const. Legal</i>
2	012	151000	7700		200,000.00	FY 17/18 INCREASE IN OUTSIDE LITIGATION COSTS <i>Decr. Contingency</i>
3						
4						
5						
6						
7						
8						<i>Legistar # 17-1341</i>
9						<i>12/12/2017</i>
10						
11						
12						
13						

REVIEWED FOR FORMAT BY

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

DATE

My. J. Smith
 CHIEF ADMINISTRATIVE OFFICE - ANALYST

12/7/17
 DATE

CHIEF ADMINISTRATIVE OFFICE

DATE

12/8/2017

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: CHAIRMAN, BOARD OF SUPERVISORS

DATE

ATTEST: CLERK, BOARD OF SUPERVISORS