

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	\$0.00
NUMBER OF LINES	4
NET TOTAL	\$0.00
2/5/2021	PAGE 1 OF 1

TO BE COMPLETED BY DEPARTMENT	
DEPT NAME	HEALTH AND HUMAN SERVICES

Budget Transfer Type: Transfer 1: BoS Approval

Legistar Number & Date: #21-0276 3/16/2021

DEPT CONTACT & EXT.	Nita Wracker x6933
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N. Wracker *[Signature]* 2-19-21
DEPARTMENT AUTHORIZATION SIGNATURE AND DATE

2/5/2021
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		5450510	0001	BUDGET-SUMMARY		INC	\$ 1	Inc Rev Fund Balance
2	54Q12	5450510	7100	BUDGET-SUMMARY		INC	\$ 1	Inc Exp Residual Tsfr Out
3		1210160	2100			INC	\$ 1	Inc Rev Residual Tsfr In
4	12460	1210160	4324			INC	\$ 1	Inc Exp Med Dental Lab
5								
6								
7								
8								
9								
10								
11								
12								

<i>[Signature]</i> JOE HARN, C.P.A. AUDITOR / CONTROLLER	DATE 2/25/21
<i>[Signature]</i> 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

MEMO SHEET: BUDGET TRANSFER INFORMATION

Department Name*	HEALTH AND HUMAN SERVICES	Budget Transfer Type:	Transfer 1: BoS Approval
Clerk*	Maki Ganno	Document total*	\$ -
Contact phone*	5306424893		

BUDGET TRANSFER HEADER

Prepared date*	02/05/21	Check Applicable* <input checked="" type="checkbox"/> One Time (after Adopted Budget) <input type="checkbox"/> Continuing (include in the Adopted Budget)	
Fiscal year	2021		
Short Description* <small>(10 characters)</small>	Realignmt		
		Registrar Item Number*	#21-0276 3/16/2021
* 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*	 2-19-21
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BUDGET TRANSFER JUSTIFICATION AND DESCRIPTION* (will be scanned into FENIX TCM)

The fund balance in Org 5450510 was rounded down to \$323,996 during the FY 20/21 Adopted Budget process. The remaining \$0.13 cannot be transferred to the new Org 1210160 in Dept. 12 without the budget modification.

FOR AUDITOR'S OFFICE USE ONLY

Audit date:	_____	Budget Transfer number:	_____
Audited by:	_____	Interfaced by:	_____
		Processed on:	_____