

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

BUDGET TRANSFER REQUEST #1

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	111,468.00
NUMBER OF LINES	5
TRANSACTION CODE TOTAL*	37

District Attorney FY 18/19
DEPARTMENT OR AGENCY NAME

10/8/2018
DATE

DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

PAGE 1 OF 1

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	002	2280780	0001		27,867.00	FY 18/19 INC FUND BAL SLESF 18-1496
2	011	2280780	7000		27,867.00	FY 18/19 INC OPXFER SLESF 18-1496
3	002	2200000	2020	22SLESF -OPTRSF	27,867.00	FY 18/19 INC OPXFER SLESF 18-1496
4	011	2200000	3000	22SLESF -C30SALBEN	23,199.00	FY 18/19 INC SALARY SLESF 18-1496
5	011	2200000	4606	22SLESF -C40SERSUP	4,668.00	FY 18/19 INC SER/SUP FUEL COSTS SLESF 18-1496
6						
7						
8						
9						
10						
11						
12						
13						

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

 CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE

 SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS DATE

 CHIEF ADMINISTRATIVE OFFICE DATE

 ATTEST: CLERK, BOARD OF SUPERVISORS