

AUDITOR / CONTROLLER'S USE

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 **\$596,000.00**

NUMBER OF LINES **4**

NET TOTAL **\$0.00**

TRANSFER # \_\_\_\_\_  
 JOURNAL # \_\_\_\_\_  
 DATE \_\_\_\_\_  
 INPUT BY \_\_\_\_\_

TO BE COMPLETED BY DEPARTMENT  
 DEPT NAME CAO Facilities  
 Budget Transfer Type: Transfer 1: Bos Approval  
 Legistar Number & Date: 21-1060 6/29/21

DEPT CONTACT & EXT. Ambria Hamilton x5147  
 DEPT NAME CAO Facilities  
 DEPT CONTACT & EXT. Kerri Williams-Horn (Jun 17, 2021 15:03 PD)  
 DEPT NAME Laura Schwartz (Jun 17, 2021 15:44 PD)

6/17/2021 PAGE 1 OF 1  
 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	Budget Rollup Code	ORG	OBJECT	PROJECT STRING	GL Project	INCREASE OR DECREASE (INC / DEC)	AMOUNT	DESCRIPTION	(30 CHARACTERS MAX.)
1	06680 ✓	0640450	6020	06AC021-SUMMARY-BUDGET		DEC	\$ 149,000 ✓	DEC FA FOR ACO LABOR OP TXFR	
2	06080 ✓	0640450	7000	06AC021-SUMMARY-BUDGET		INC	\$ 149,000	INC OP TXFR OUT FOR ACO LABOR	
3		0640400	2020	06FACMAINT-OPTRSF		INC	\$ 149,000	INC OP TXFR IN FOR ACO LABOR	
4	15V00 ✓	1530300	7700			INC	\$ 149,000	INC CONTINGENCY FOR ACO LBR	
5									
6									
7									
8									
9									
10									
11									
12									

JOE HARN, CPA, AUDITOR / CONTROLLER  
 CHIEF ADMINISTRATIVE OFFICE - ANALYST  
 DATE 6/18/2021

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

**SIGN HERE** BOARD OF SUPERVISORS  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ATTEST: CLERK, BOARD OF SUPERVISORS  
 \_\_\_\_\_ DATE \_\_\_\_\_