AUDITOR / CONTROLLER'S USE			EL DORADO COUNTY APPR			
TRANSFER#			BUDGET TRA	DOCUMENT TOTAL	\$15,789.00	
JOURNAL #		BUDGET TRANSFER #1 - INCREASING TO	NUMBER OF LINES	2		
DATE			FIXED ASSETS REQUIF	NET TOTAL	\$0.00	
INPUT BY			BUDGET TRANSFER #2 - MOVING APPRI CLASSIFICATIONS REQU			
тс	BE COMPLE	TED BY DEPARTMENT	Budget Transfer Type:	Transfer 1: BoS Approval	-	
DEPT NAME		Elections	Legistar Number & Date:	25-0326 03/11/2025		
DEPT CONTAC	T & EXT.	Cynthia Morrison x7481	Shinda Wukste	u 2-27-2025	2/7/2025	PAGE 1 OF 1
				ORIZATION SIGNATURE AND DATE	DATE	

## DIRECTIONS:

- 1. MEMO REQUIRED, IF BOS, INCLUDE A COPY OF THE LEGISTAR MASTER REPORT 2. REMOVE THE GREEN COPY AND SUBMIT COMPLETED REQUEST TO THE CHIEF ADMINISTRATIVE OFFICE
- 3. 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		1900000	1100	19ELECT - 19OPER - REIMB - 19HAVA		INC	\$ 15,789	FY24/25 INC REVENUE	
2	19400	1900000	4500	19ELECT - 19OPER - C40SERSUP - 19ELECTEXP		INC	\$ 15,789	FY24/25 INC APPROP TO DEPT EXP	
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
JOE HARN, C.P.A. AUDITOR / CONTROLLER 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				
CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE						SIGNATURE: CHAIR, BOARD OF SUPERVISORS DATE			
CHIEF ADMINISTRATIVE OFFICER DATE					ATTEST: CLERK, BOARD OF SUPERVISORS DATE				

	MEN	10 SHEET: BUDGET TI	RANSFER INFORM	ATION				
Department Name*	Elections	Budget Transfer Type: Transfer 1: BoS Approval						
Clerk*	Cynthia Morrison	Document total*	\$	15,789				
Contact phone*	x7481							
BUDGET TRANSFER HI	EADER							
Prepared date*	02/07/25	Check Applicable*	] One Time (after Adopte	d Budget)				
Fiscal year	24/25	Continuing (include in the Adopted Budget)						
Short Description* (10 characters)	HAVA REIMB							
		Legistrar Item Number	* 25-0326 03/1	1/2025				
* REQUIRED FIELDS		Project Strings Required No						
policies and procedure relevant governmenta	is true and accurate to the bo es and 3. all transfers approval Il regulations.	ved on this journal are in	compliance with Co	ed signature authority in accordance ounty policies and procedures and a				
	Linca Wi	Authorized s	ignature*					
	BUDGET TRANSFER J	USTIFICATION AND DE	SCRIPTION* (will b	e scanned into FENIX TCM)				
The state of the s	rovements to the systems, eq			uding to enhance election technologons The State provided these fun				
FOR AUDITOR'S OFFICE USE ONLY								
Audit date:			Budget Transfer n	umber:	_			
Audited by:	·		Interfaced by:					

Processed on: