

AUDITOR / CONTROLLER'S USE

EL DORADO COUNTY APPROPRIATION TRANSFER ( 29130 GOV. CODE )

# BUDGET TRANSFER REQUEST #1

Elections

DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	-
NUMBER OF LINES	2
TRANSACTION CODE TOTAL*	0

TRANSFER #

DATE

CODE BY

2/5/2019

DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

x7505

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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	D/C	FENIX Org	SUB OBJECT NUMBER	PL String	AMOUNT	DESCRIPTION	(50 CHARACTERS MAX.)
1	C	190000D	1100	N/A	(25,000)	FY18-19 increase in revenue for HAVA Federal Grant	
2	D	190000D	4500	N/A	25,000	FY 18-19 increase in appropriation to Special Dept Expense for HAVA Federal Grant	
3							
4							
5							
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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

DISTRIBUTION: WHITE - BOS / YELLOW - AUDITOR / PINK - CHIEF ADMINISTRATIVE OFFICE / GOLD - DEPARTMENT