

AUDITOR / CONTROLLER'S USE	
TRANSFER #	TR 2023088
JOURNAL #	2023-10-1120
DATE	04-06-23
INPUT BY	<i>[Signature]</i>

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	\$79,000.00
NUMBER OF LINES	4
NET TOTAL	\$0.00
<i>BOS APPROVED 4/11/23. DEPENDS ON CONTINGENCY FUNDS AVAILABLE. REVIEWED BY TMA 4/25/23</i>	
3/24/2023	PAGE 1 OF 1

TO BE COMPLETED BY DEPARTMENT	
DEPT NAME	HHS - Public Health

Budget Transfer Type: Transfer 1: BoS Approval

Legistar Number & Date: #23-0688 04/04/2023 4/11/23

DEPT CONTACT & EXT.	K McAdams x 6932
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[Signature] Mar 24, 2023 *Tiffany A Schmid*
Olivia Byron-Cooper (Mar 24, 2023 13:03 PDT) Tiffany A Schmid (Mar 25, 2023 08:10 PDT)

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DEPARTMENT AUTHORIZATION SIGNATURE AND DATE *[Signature]* Mar 25, 2023

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	15V70	1570710	7700	BUDGET-SUMMARY		DEC	\$ 19,750	FY 2223 Dec Cont PH ARPA
2	15O70	1570710	7000	BUDGET-SUMMARY		INC	\$ 19,750	FY 2223 Inc Op Tsf Out PH ARPA
3		5400000	2020	BUDGET-SUMMARY		INC	\$ 19,750	FY 2223 Inc Op Tsf In PH ARPA
4	54401	5400000	4300	BUDGET-SUMMARY		INC	\$ 19,750	FY 2223 Inc Prof Srv MRG Cont
5								
6								
7								
8								
9								
10								
11								
12								

<i>[Signature]</i> JOE HARN, C.P.A. AUDITOR / CONTROLLER	DATE: <i>5/30/23</i>
<i>[Signature]</i> CHIEF ADMINISTRATIVE OFFICE - ANALYST	DATE: <i>5/19/23</i>
<i>[Signature]</i> CHIEF ADMINISTRATIVE OFFICER	DATE: <i>5/19/23</i>

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

<i>[Signature]</i> SIGNATURE: CHAIR, BOARD OF SUPERVISORS	DATE: <i>5-4-23</i>
<i>[Signature]</i> ATTEST: CLERK, BOARD OF SUPERVISORS	DATE: <i>5-4-23</i>