

# BUDGET TRANSFER REQUEST #1

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	668,648.00
NUMBER OF LINES	2
TRANSACTION CODE TOTAL*	000

Community Development Services

DEPARTMENT OR AGENCY NAME

LEGISTAR # 18-1962

12/17/2018 *Joe Harn* DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

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.  
 \* 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	SUBJECT NUMBER	PL String	AMOUNT	DESCRIPTION	(50 CHARACTERS MAX.)
1	C	3650500	6101	N/A	334,324.00	FY 18-19 FLEET DEC CAPITALIZED EQUIPMENT	
2	D	3650500	6045	N/A	334,324.00	FY 18-19 FLEET INC FIXED ASSET VEHICLES	
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Prepared by: Brandi Reid

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

DATE

JOE HARN, C.P.A. AUDITOR / CONTROLLER

DATE

CHIEF ADMINISTRATIVE OFFICE - ANALYST

DATE

CHIEF ADMINISTRATIVE OFFICE

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