

**MEMO SHEET: BUDGET TRANSFER INFORMATION**

Department Name*	CAO: Facilities	Budget Transfer Type:	Transfer 1: BoS Approval
Clerk* <i>AH</i>	Ambria Hamilton	Document total*	\$ 480,000
Contact phone*	x5147		

**BUDGET TRANSFER HEADER**

Prepared date*	07/17/23	Check Applicable* <input checked="" type="checkbox"/> One Time (after Adopted Budget) <input type="checkbox"/> Continuing (include in the Adopted Budget)
Fiscal year	2023	
Short Description* <small>(10 characters)</small>	ACO LABOR	
	Registrar Item Number*	23-1411 7/25/23
* REQUIRED FIELDS	Project Strings Required	Yes

*LM*

By signing this memo I hereby certify that:  
1. information herein is true and accurate to the best of my knowledge, 2. I have been delegated signature authority in accordance with County's policies and procedures and 3. all transfers approved on this journal are in compliance with County policies and procedures and any other relevant governmental regulations.

Authorized signature\*

Laura Schwartz  
Laura Schwartz (Jul 17, 2023 13:15 PDT)

**BUDGET TRANSFER JUSTIFICATION AND DESCRIPTION\*** (will be scanned into FENIX TCM)

This budget transfer allows for the increased billing of Facilities overhead labor for in-house ACO work.

**FOR AUDITOR'S OFFICE USE ONLY**

Audit date:	_____	Budget Transfer number:	_____
Audited by:	_____	Interfaced by:	_____
		Processed on:	_____

# 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	\$480,000.00
NUMBER OF LINES	5
NET TOTAL	\$0.00

**TO BE COMPLETED BY DEPARTMENT**

DEPT NAME: CAO: Facilities

Budget Transfer Type: Transfer 1: BoS Approval

Legistar Number & Date: 23-1411 7/25/23

DEPT CONTACT & EXT.: Ambria Hamilton x5147

*Laura Schwartz*  
Laura Schwartz (66147, 2023 13315.PDF)

7/17/2023 PAGE 1 OF 1

DATE

DEPARTMENT AUTHORIZATION SIGNATURE AND 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	06080	0640450	7000	BUDGET -SUMMARY		INC	\$ 120,000	INC FOR FAC LABOR ALLOCATION	
2	06680	0640450	6020	BUDGET -SUMMARY		DEC	\$ 120,000	DEC FOR FAC LABOR ALLOCATION	
3		0640400	2020	BUDGET -SUMMARY		INC	\$ 120,000	INC REV FAC ACO LABOR ALLOC	
4	06300	0640400	3000	BUDGET -SUMMARY		INC	\$ 102,000	INC FOR FAC ACO LABOR ALLOC	
5	06400	0640400	4500	BUDGET -SUMMARY		INC	\$ 18,000	INC FOR FAC ACO LABOR ALLOC	
6									
7									
8									
9									
10									
11									
12									

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

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

DATE

23-1411 A 2 of 3

CHIEF ADMINISTRATIVE OFFICE - ANALYST

DATE

SIGNATURE: CHAIR, BOARD OF SUPERVISORS

DATE

CHIEF ADMINISTRATIVE OFFICER

DATE

ATTEST: CLERK, BOARD OF SUPERVISORS

DATE









# BUDGET-TRANSFER-REQUEST ACO C70

Final Audit Report

2023-07-17

Created:	2023-07-17
By:	Ambria Hamilton (ambria.hamilton@edcgov.us)
Status:	Signed
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