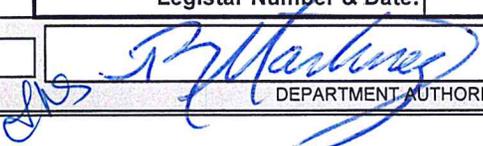


AUDITOR / CONTROLLER'S USE		EL DORADO COUNTY APPROPRIATION TRANSFER ( 29125 GOV. CODE )			
ANSFER #		<b>BUDGET TRANSFER REQUEST</b>		DOCUMENT TOTAL	\$96,612.00
URNAL #		BUDGET TRANSFER #1 - INCREASING TOTAL APPROPRIATIONS, REVENUES, OR FIXED ASSETS REQUIRES BOS APPROVAL		NUMBER OF LINES	20
SITE				NET TOTAL	\$0.00
PUT BY		BUDGET TRANSFER #2 - MOVING APPROPRIATIONS or REVENUE BETWEEN CLASSIFICATIONS REQUIRES CAO APPROVAL			
TO BE COMPLETED BY DEPARTMENT		Budget Transfer Type:	Transfer 1: BoS Approval		
DEPT NAME	Department of Transportation	Legistar Number & Date:	21-0320		
DEPT CONTACT & EXT.	Brandi Reid x 5851	 DEPARTMENT AUTHORIZATION SIGNATURE AND DATE		2/22/2021	PAGE 1 OF 1
				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								See import file
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

<p>_____ JOE HARN, C.P.A. AUDITOR / CONTROLLER      DATE</p> <p>_____ CHIEF ADMINISTRATIVE OFFICE - ANALYST      DATE</p> <p>_____ CHIEF ADMINISTRATIVE OFFICER      DATE</p>	<p style="text-align: center;">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</p> <p style="text-align: center;">_____ SIGNATURE: CHAIR, BOARD OF SUPERVISORS      DATE</p> <p style="text-align: center;">_____ ATTEST: CLERK, BOARD OF SUPERVISORS      DATE</p>
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**MEMO SHEET: BUDGET TRANSFER INFORMATION**

Department Name*	Department of Transportation	Budget Transfer Type:	Transfer 1: BoS Approval
Clerk*	Brandi Reid	Document total*	\$ 96,612
Contact phone*	530-621-5851		

**BUDGET TRANSFER HEADER**

Prepared date*	02/22/21	Check Applicable* <input checked="" type="checkbox"/> One Time (after Adopted Budget) <input type="checkbox"/> Continuing (include in the Adopted Budget)
Fiscal year	20/21	
Short Description* <small>(10 characters)</small>	ZONECTNGY	
	Legistrar Item Number*	21-0320
* REQUIRED FIELDS	Project Strings Required	No

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\*



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

The Department of Transportation's (Transportation) County Service Area Zone of Benefit (ZOB) Program is established as a method to finance and provide needed public facilities and services to residents and property owners within these areas. The budget transfer from each ZOB budget is necessary in order to appropriate funds and pay for road maintenance projects during Fiscal Year (FY) 2020/2021. These budget transfers are within each zone's existing available funds and do not involve any retroactive work or contracts

**FOR AUDITOR'S OFFICE USE ONLY**

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

