

AUDITOR / CONTROLLER'S USE		EL DORADO COUNTY APPROPRIATION TRANSFER (29125 GOV. CODE)		<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 80%;"> BUDGET TRANSFER REQUEST </div>		DOCUMENT TOTAL		\$87,678.00	
TRANSFER #				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		NUMBER OF LINES		2	
JOURNAL #						NET TOTAL		\$87,678.00	
DATE									
INPUT BY									
TO BE COMPLETED BY DEPARTMENT				Budget Transfer Type:		Transfer 1: BoS Approval			
DEPT NAME		Child Support Servicess		Legistar Number & Date:		26-0171 23/2026			
DEPT CONTACT & EXT.		Lori Wood 7204		 <small>Ron Ladag, e.l.a.n.2026.08.57.24.8.ST</small>		1/16/2026		PAGE ¹ OF 1	
DEPARTMENTAL AUTHORIZATION SIGNATURE AND DATE 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		4000000	3004			INC	\$ 43,839	Retirement Payout	
2		4000000	887			INC	\$ 43,839	Reallocation funds from State	
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>_____ JOE HARN, C.P.A. AUDITOR / CONTROLLER</div> <div>_____ DATE</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>_____ CHIEF ADMINISTRATIVE OFFICE - ANALYST</div> <div>_____ DATE</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>_____ CHIEF ADMINISTRATIVE OFFICER</div> <div>_____ DATE</div> </div>						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 <div style="text-align: center; margin-top: 20px;"> SIGNATURE: CHAIR, BOARD OF SUPERVISORS DATE </div> <div style="text-align: center; margin-top: 20px;"> ATTEST: CLERK, BOARD OF SUPERVISORS DATE </div>			

S:\APFORMS\BUDGET TRANSFER 2.XLS

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

MEMO SHEET: BUDGET TRANSFER INFORMATION

Department Name*	Child Support Services	Budget Transfer Type:	Transfer 1: BoS Approval
Clerk*	Lori Wood	Document total*	\$ 87,678
Contact phone*	642-7204		

BUDGET TRANSFER HEADER

Prepared date*	1/16/2026	One Time (after Adopted Budget) <input checked="" type="checkbox"/>
Fiscal year		Check Applicable* <input type="checkbox"/>
Short Description* <small>(10 characters)</small>	reallocate	Continuing (include in the Adopted Budget)
	Legistar Item Number*	26-0171 23/2026
* REQUIRED FIELDS	Project Strings Required*	

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*
Run Wednesday, Jan 20, 2026 08:57:24 PST

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

CSS requested reallocation funds from the state for retirement payouts.

FOR AUDITOR'S OFFICE USE ONLY

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