

# BUDGET TRANSFER REQUEST

TRANSFER #	TR2024103
JOURNAL #	2024-11-1019
DATE	05-08-24
INPUT BY	AS

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	\$15,318.00
NUMBER OF LINES	6
NET TOTAL	\$0.00

DISSOLVING OF GILMORE VISTA ZOB. CONFIRMED AVAILABLE FUNDS. MAY 5/7/24

TO BE COMPLETED BY DEPARTMENT

DEPT NAME Department of Transportation

Budget Transfer Type: Transfer 1: BoS Approval

Legistar Number & Date: 24-0284 05/21/24

DEPT CONTACT & EXT. Stephanie Lisius X 5851

*[Signatures]*  
MM Rafael Martínez May 1, 2024 10:00 PDT

4/30/2024	PAGE 1 OF 1
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 F X	Budget Rollup Code	ORG	OBJECT	PROJECT STRING	GL Project	INCREASE OR DECREASE (INC / DEC)	AMOUNT	DESCRIPTION (30 CHARACTERS MAX.)
1	35Vf3	3591838	7700			DEC \$	4,894	DEC CONTINGENCY
2	35Q29	3591838	7257		CDS	DEC \$	17	DEC INTRAFUND XFER
3	35529	3591838	5330			DEC \$	248	DEC INTERFUND SALARIES
4	35529	3591838	5356		DOT	DEC \$	2,100	DEC INTERFUND SD MAINT
5		3591838	0400			INC \$	400	INC INTEREST
6	35429	3591838	4500			INC \$	7,659	INC SPEC DEPT EXPENSE
7								
8								
9								
10								
11								
12								

DISSOLVE GILMORE VISTA ZOB

↓

MAY 7 24 AM 10:26  
 AUDITOR-CONTROLLER

*[Signature]*  
 JOE HARN, C.P.A. AUDITOR / CONTROLLER DATE 5/21/2024

*[Signature]*  
 CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE 5/21/24

*[Signature]*  
 CHIEF ADMINISTRATIVE OFFICER DATE 5/21/24

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

*[Signature]* for Wandy Thomas 5/22/24  
 SIGNATURE: CHAIR, BOARD OF SUPERVISORS DATE

*[Signature]* 5/22/24  
 ATTEST: CLERK, BOARD OF SUPERVISORS DATE