

BUDGET TRANSFER REQUEST #1

TO BE COMPLETED BY THE DEPARTMENT

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

DOCUMENT TOTAL	\$ 20,000.00
NUMBER OF LINES	4
TRANSACTION CODE TOTAL*	018

Sheriff's Office *AW*
DEPARTMENT OR AGENCY NAME

3/27/2017
DATE

R. Pose
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.
 A BUDGET TRANSFER MUST BE AT LEAST TWO LINES, NOT EXCEED TWENTY-SIX LINES AND USE AN "ODD AND EVEN" NUMBERED TRANSACTION CODE*

* 002 = INCREASE ESTIMATED REVENUE
 * 003 = DECREASE ESTIMATED REVENUE

* 011 = INCREASE IN APPROPRIATION / BOS APPROVED
 * 012 = DECREASE IN APPROPRIATION / BOS APPROVED

S F X	TRANS CODE NO.*	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	002	7724312	0001		\$ 5,000.00	FY 16/17 SLT Remodel Inc Fund Balance
2	011	7724312	7000		\$ 5,000.00	FY 16/17 SLT Remodel Inc Op Xfer Out
3	002	028400	2020		\$ 5,000.00	FY 16/17 SLT Remodel Inc Op Xfer In
4	003	028400	0001		\$ 5,000.00	FY 16/17 SLT Remodel Dec Fund Balance
5						
6						
7						
8						
9						
10						
11						
12						
13						

REVIEWED
FOR
FORMAT BY

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

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

CHIEF ADMINISTRATIVE OFFICE - ANALYST _____ DATE

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS _____ DATE

CHIEF ADMINISTRATIVE OFFICE _____ DATE

ATTEST: CLERK, BOARD OF SUPERVISORS _____