

AUDITOR / CONTROLLER'S USE	
TRANSFER #	TR 2018039
DATE	
CODE BY	

EL DORADO COUNTY APPROPRIATION TRANSFER (29130 GOV. CODE)

BUDGET TRANSFER REQUEST #1

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	135,348.00 ✓
NUMBER OF LINES	8 ✓
TRANSACTION CODE TOTAL*	072 ✓

Community Development Services
DEPARTMENT OR AGENCY NAME
 LEGISTAR #17-1198

10/27/2017
DATE

Logan Travis | *[Signature]*
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

gms

S F X	TRANS CODE NO.*	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	011 ✓	3630350 ✓	6040 ✓		10,000.00	FY1718-TRUCK MESSAGE BOARD INC FIXED ASSET <i>FA</i>
2	012 ✓	3630300 ✓	6040 ✓		10,000.00	FY1718-TRUCK MESSAGE BOARD DEC FIXED ASSET <i>FA</i>
3	011 ✓	3630350 ✓	6040 ✓		6,000.00	FY1718-SMOKE TESTER INC FIXED ASSET <i>FA</i>
4	012 ✓	3630350 ✓	4160 ✓		6,000.00	FY1718-SMOKE TESTER DEC VEH MAINT SERV CONTRACT ✓
5	011 ✓	3720201 ✓	7000 ✓		25,837.00	FY1718-INC OPER TRANSFERS OUT
6	002 ✓	3720201 ✓	0001 ✓		25,837.00	FY1718-INC FUND BALANCE
7	011 ✓	1530300 ✓	7700 ✓		25,837.00	FY1718-INC APPROP FOR CONTINGENCIES
8	002 ✓	3720200 ✓	2020 ✓		25,837.00	FY1718-INC OPER TRANSFERS IN
9						
10						<i>BOS 12/5/17 17-1198 #26 approved</i>
11						
12						Prepared by: Brandi Reid
13						

REVIEWED FOR FORMAT BY

[Signature] 6-23-18
 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

[Signature]
 CHIEF ADMINISTRATIVE OFFICE ANALYST

[Signature]
DATE

[Signature]
 SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS

12/5/2017
DATE

[Signature]
 CHIEF ADMINISTRATIVE OFFICE

DATE

ATTEST: CLERK, BOARD OF SUPERVISORS