

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

BUDGET TRANSFER REQUEST #2

Elections

DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	31,928
NUMBER OF LINES	7
TRANSACTION CODE TOTAL*	

I HEREBY REQUEST AND CERTIFY THAT THE TRANSFER OF APPROPRIATIONS AND/OR ESTIMATED REVENUES LISTED ON THIS FORM ARE BETWEEN INDEX CODES WITH THE SAME FUND STRUCTURE, AND WITHIN THE SAME DEPARTMENT. THIS TRANSFER WILL NOT INCREASE OR DECREASE THE TOTAL DEPARTMENTAL APPROVED BUDGET.

9/30/2019

DATE



DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

7505

PAGE 1 OF 1

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

* 013 = INCREASE IN APPROPRIATION / CAO APPROVED
 * 014 = DECREASE IN APPROPRIATION / CAO A APPROVED

S F X	D/C	FENIX ORG NUMBER	SUB OBJECT NUMBER	PL String	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	014	1900000	4500	19ELECT 19OPER C40SERSUP 19ELECTEXP	\$ 15,964	19/20 BUD EXPENSE ADJUST TO ACTUAL <i>Decrease Special Dept Exp</i>
2	013	1900000	3000	19ELECT 19OPER C30SALBEN 19DLYTASKS	\$ 12,317	19/20 BUD EXPENSE ADJUST TO ACTUAL <i>Increase Perm. Employees</i>
3	013	1900000	3020	19ELECT 19OPER C30SALBEN 19DLYTASKS	\$ 2,981	19/20 BUD EXPENSE ADJUST TO ACTUAL <i>Increase Retirement</i>
4	013	1900000	3022	19ELECT 19OPER C30SALBEN 19DLYTASKS	\$ 179	19/20 BUD EXPENSE ADJUST TO ACTUAL <i>Increase Medicare</i>
5	013	1900000	3046	19ELECT 19OPER C30SALBEN 19DLYTASKS	\$ 148	19/20 BUD EXPENSE ADJUST TO ACTUAL <i>Increase Retiree Health</i>
6	013	1900000	3041	19ELECT 19OPER C30SALBEN 19DLYTASKS	\$ 308	19/20 BUD EXPENSE ADJUST TO ACTUAL <i>Increase Unemployment Ins.</i>
7	013	1900000	3042	19ELECT 19OPER C30SALBEN 19DLYTASKS	\$ 31	19/20 BUD EXPENSE ADJUST TO ACTUAL <i>Increase Long Term Disability</i>
8						
9						
10						Transferring funds to cover expense in Class 30
11						
12						<i>Legistar 19-1428⁵²</i>
13						

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

CHIEF ADMINISTRATIVE OFFICE

REVIEWED FOR FORMAT BY _____

DATE _____

APPROVED

REJECTED

BY _____

DATE _____

Mathie B. Finorel
 CHIEF ADMINISTRATIVE OFFICE - ANALYST