

|            |  |
|------------|--|
| TRANSFER # |  |
| DATE       |  |
| CODE BY    |  |

# BUDGET TRANSFER REQUEST #1

|                         |           |
|-------------------------|-----------|
| DOCUMENT TOTAL          | 60,000.00 |
| NUMBER OF LINES         | 4         |
| TRANSACTION CODE TOTAL* | 000       |

Chief Administrative Office, Community Development Airports Division

DEPARTMENT OR AGENCY NAME  
LEGISTAR # 20-0770

*FY 2020-21* *EB-* *BOS 6/23/20*

6/4/2020  
DATE

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      \* 011 = INCREASE IN APPROPRIATION / BOS APPROVED  
 \* 003 = DECREASE ESTIMATED REVENUE      \* 012 = DECREASE IN APPROPRIATION / BOS APPROVED

| S F X | D/C | FENIX Org | SUB OBJECT NUMBER | PL String                 | AMOUNT    | DESCRIPTION (50 CHARACTERS MAX.)                   |
|-------|-----|-----------|-------------------|---------------------------|-----------|--|
| 1     | D   | 3540410   | 6040              | 35400020-35FUEL           | 15,000.00 | FY 20-21 PV AIR FUEL TERMINAL INC FA EQUIPMENT     |
| 2     | C   | 3540410   | 6100              | 35400020-35FUEL           | 15,000.00 | FY 20-21 PV AIR FUEL TERMINAL DEC FA CAPITAL EQUIP |
| 3     | D   | 3540410   | 7801              | 35400020-35FUEL           | 15,000.00 | FY 20-21 PV AIR FUEL TERMINAL INC FB DESIGNATION   |
| 4     | C   | 3540410   | 0001              | 35400020-35LOCAL-35FNDBAL | 15,000.00 | FY 20-21 PV AIR FUEL TERMINAL INC FUND BALANCE     |
| 5     |     |           |                   |                           |           |  |
| 6     |     |           |                   |                           |           |  |
| 7     |     |           |                   |                           |           |  |
| 8     |     |           |                   |                           |           |  |
| 9     |     |           |                   |                           |           |  |
| 10    |     |           |                   |                           |           |  |
| 11    |     |           |                   |                           |           |  |
| 12    |     |           |                   |                           |           |  |
| 13    |     |           |                   |                           |           |  |
| 14    |     |           |                   |                           |           |  |
| 15    |     |           |                   |                           |           |  |
| 16    |     |           |                   |                           |           |  |
| 17    |     |           |                   |                           |           |  |
| 18    |     |           |                   |                           |           |  |
| 19    |     |           |                   |                           |           |  |
| 20    |     |           |                   |                           |           |  |
| 21    |     |           |                   |                           |           | Prepared by: Brandi Reid                           |
| 22    |     |           |                   |                           |           |  |

REVIEWED FOR FORMAT BY

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

*Joe Harn*

CHIEF ADMINISTRATIVE OFFICE - ANALYST

DATE

*6/2/20*

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: CHAIRMAN, BOARD OF SUPERVISORS      DATE

CHIEF ADMINISTRATIVE OFFICE

DATE      ATTEST: CLERK, BOARD OF SUPERVISORS