

# BUDGET TRANSFER REQUEST #1

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	164,400.00
NUMBER OF LINES	14
TRANSACTION CODE TOTAL*	000

Department of Transportation

DEPARTMENT OR AGENCY NAME

LEGISTAR # 19-1704

12/2/2019  
DATE

*BM* *Brandi Reid*  
DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

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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	D/C	FENIX Org	SUB OBJECT NUMBER	PL String	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	C	3591836	7700	N/A	42,000.00	FY 19-20 CSA #9 CARLSON DRIVE ZOB DEC CONTINGENCY
2	D	3591836	4303	N/A	10,000.00	FY 19-20 CSA #9 CARLSON DR INC RD MAINT & CONSTRUC
3	D	3591836	0003	N/A	32,000.00	FY 19-20 CSA #9 CARLSON DR DEC FROM DESIGNATIONS
4	C	3591845	7700	N/A	5,400.00	FY 19-20 CSA #9 LYNX TRAIL ZOB DEC CONTINGENCY
5	D	3591845	4303	N/A	5,400.00	FY 19-20 CSA #9 LYNX TRAIL INC RD MAINT & CONSTRUC
6	C	3591848	7700	N/A	6,800.00	FY 19-20 CSA #9 GREENSPRINGS ZOB DEC CONTINGENCY
7	D	3591848	4303	N/A	6,700.00	FY 19-20 CSA #9 GREENSPRINGS INC RD MAINT & CONSTR
8	D	3591848	0003	N/A	100.00	FY 19-20 CSA #9 GREENSPRINGS DEC FROM DESIGNATIONS
9	C	3591858	7700	N/A	3,000.00	FY 19-20 CSA #9 MAVERICK ZOB DEC CONTINGENCY
10	D	3591858	4303	N/A	3,000.00	FY 19-20 CSA #9 MAVERICK INC RD MAINT & CONSTRUC
11	C	3591839	7700	N/A	15,000.00	FY 19-20 CSA #9 TEGRA ZOB DEC CONTINGENCY
12	D	3591839	4303	N/A	15,000.00	FY 19-20 CSA #9 TEGRA ZOB INC RD MAINT & CONSTRUC
13	C	3591835	7700	N/A	10,000.00	FY 19-20 CSA #9 FERNWOOD ZOB DEC CONTINGENCY
14	D	3591835	4303	N/A	10,000.00	FY 19-20 CSA #9 FERNWOOD ZOB INC MAINT & CONSTRUC
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23						Prepared by: Brandi Reid
24						

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

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