

BUDGET TRANSFER REQUEST

BUDGET TRANSFER #1 - INCREASING TOTAL APPROPRIATIONS, REVENUES, OR FIXED ASSETS REQUIRES BOS APPROVAL

BUDGET TRANSFER #2 - MOVING APPROPRIATIONS or REVENUE BETWEEN CLASSIFICATIONS REQUIRES CAO APPROVAL

AUDITOR / CONTROLLER'S USE

TRANSFER #

JOURNAL #

DATE

INPUT BY

TO BE COMPLETED BY DEPARTMENT

Auditor-Controller *mh*

Budget Transfer Type: Transfer 1: BoS Approval

Legistar Number & Date: 22-0779A

DEPT CONTACT & EXT.

DATE

PAGE 1 OF 1

DOCUMENT TOTAL **\$82,084.00**

NUMBER OF LINES **3**


NET TOTAL **\$0.00**

DIRECTIONS:

- MEMO REQUIRED, IF BOS, INCLUDE A COPY OF THE LEGISTAR MASTER REPORT
- REMOVE THE GREEN COPY AND SUBMIT COMPLETED REQUEST TO THE CHIEF ADMINISTRATIVE OFFICE
- IF BUDGET TRANSFER EXCEEDS 12 LINES, EMAIL EXCEL WORKBOOK TO APINTERFACES AND CAO ANALYST

S	Budget Rollup Code	ORG	OBJECT	PROJECT STRING	GL Project	INCREASE OR DECREASE (INC / DEC)	AMOUNT	DESCRIPTION	(30 CHARACTERS MAX.)
1	0670718	0670718	0001			INC	\$ 606	DEC FUND BAL PUB SFTY IMP FEE	
2	06V34	0670718	7700			DEC	\$ 40,436	DEC CNTNGNCY PUB SFTY IMP FEE	
3	06415	0670718	4500			INC	\$ 41,042	INC EXP FOR PUB SFTY IMP RFND	
4									
5									
6									
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11									
12									

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



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

_____ DATE

_____ DATE

SIGNATURE: CHAIR, BOARD OF SUPERVISORS

_____ DATE

ATTEST: CLERK, BOARD OF SUPERVISORS

_____ DATE