

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

BUDGET TRANSFER REQUEST #1

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	
NUMBER OF LINES	11
TRANSACTION CODE TOTAL*	0

Elections
DEPARTMENT OR AGENCY NAME

10/31/2019
DATE

[Signature] x 7505
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

one-time

S F X	D/C	FENIX Org	SUB OBJECT NUMBER	PL String	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	C	1900000	0880	19ELECT 19OPER C40SERSUP 19ELECTEXP	488,210	FY19-20 INCREASE STATE REVENUE
2	C	1900000	7000	19ELECT 19OPER C40SERSUP 19ELECTEXP	757,000 ✓	FY19-20 DECREASE XFER TO ACO FUND
3	D	1900000	6042	19ELECT 19OPER C40SERSUP 19ELECTEXP	237,393	FY19-20 INCREASE FA
4	D	1900000	6046	19ELECT 19OPER C40SERSUP 19ELECTEXP	172,349	FY19-20 INCREASE FA
5	D	1900000	4500	19ELECT 19OPER C40SERSUP 19ELECTEXP	1,133,241	FY19-20 INCREASE SPECIAL PROJECTS
6	D	1900000	4529 38	19ELECT 19OPER C40SERSUP 19ELECTEXP	13,532	FY 19-20 INCREASE SOFTWARE
7	C	0640450	6042		1,514,000	FY19-20 DECREASE FA IN ACO FUND
8	D	0640450	2020		757,000 ✓	FY19-20 DECREASE XFER FROM ELECTIONS
9	D	0640450	2020		757,000 ✓	FY19-20 DECREASE XFER FROM DEPT. 15
10	D	1560600	0002		445,695	FY19-20 DECREASE GEN FUND MATCH
11	C	1550500	7000		757,000 ✓	FY19-20 DECREASE XFER TO ACO FUND
12						
13						
14						<i>Legistar # 19-1525 11/19/19</i>
15						
16						

REVIEWED FOR FORMAT BY

JOE HARN, C.P.A. AUDITOR / CONTROLLER
[Signature]
CHIEF ADMINISTRATIVE OFFICE - ANALYST

DATE

11/12/19

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