

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

# BUDGET TRANSFER REQUEST #1

Probation / CAO  
DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	40000
NUMBER OF LINES	4
TRANSACTION CODE TOTAL *	0

6/12/2019  
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	TRANS CODE NO.*	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION <small>(50 CHARACTERS MAX.)</small>
1	002	2510150	2020		\$ 10,000.00	FY 18/19 Bud Rev Inc Rev 0270730 AB109 Elec Montr
2	011	2510150	4300		\$ 10,000.00	FY 18/19 Bud Rev Inc Exp 0270730 AB109 Elec Montr
3	012	0270730	7700		\$ 10,000.00	FY 18/19 Bud Rev Inc Fund Balance AB109 Elec Montr
4	011	0270730	7000		\$ 10,000.00	FY 18/19 Bud Rev Inc Appr 2510150 AB109 Elec Mont
5						
6						
7						
8						
9						
10						
11						BOS 19-0941 6/25/19
12						
13						

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 \_\_\_\_\_