

MEMO SHEET: BUDGET TRANSFER INFORMATION

Department Name*	CAO FISCAL/RISK MGMT	Budget Transfer Type:	Transfer 1: BoS Approval
Clerk*	Paula Starr	Document total*	\$ 600,000
Contact phone*	x 5880		

BUDGET TRANSFER HEADER

Prepared date*	08/01/24	Check Applicable*	<input checked="" type="checkbox"/> One Time (after Adopted Budget)
Fiscal year	23/24		<input type="checkbox"/> Continuing (Include in the Adopted Budget)
Short Description* <small>(10 characters)</small>	RET HLTH BT		
		Registrar Item Number*	24-1429 8/13/24

*** REQUIRED FIELDS**

Project Strings Required*

By signing this memo I hereby certify that:
1. information herein is true and accurate to the best of my knowledge, 2. I have been delegated signature authority in accordance with County's policies and procedures and 3. all transfers approved on this journal are in compliance with County policies and procedures and any other relevant governmental regulations.

Authorized signature*

 
Joseph Carruesco (Aug 1, 2024 13:13 PDT)

BUDGET TRANSFER JUSTIFICATION AND DESCRIPTION* (will be scanned into FENIX TCM)

Lines 1 and 2:
 These lines increase use of fund balance in order to reimburse the Health Fund for Retiree Health Contributions.

Lines 3 and 4:
 These are balancing lines.

FOR AUDITOR'S OFFICE USE ONLY

Audit date:	_____	Budget Transfer number:	_____
Audited by:	_____	Interfaced by:	_____
		Processed on:	_____

AUDITOR / CONTROLLER'S USE		EL DORADO COUNTY APPROPRIATION TRANSFER (29125 GOV. CODE)		BUDGET TRANSFER REQUEST		DOCUMENT TOTAL	\$600,000.00
TRANSFER #		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		NUMBER OF LINES	4	NET TOTAL	\$0.00
JOURNAL #							
DATE							
INPUT BY							
TO BE COMPLETED BY DEPARTMENT		Budget Transfer Type:	Transfer 1: BoS Approval				
DEPT NAME	CAO FISCAL/RISK MGMT	Legistar Number & Date:	24-1429 8/13/24				
DEPT CONTACT & EXT.	PAULA STARR X 5880	DEPARTMENT AUTHORIZATION SIGNATURE AND DATE			8/1/2024	PAGE 1 OF 1	

DIRECTIONS:

1. MEMO REQUIRED, IF BOS, INCLUDE A COPY OF THE LEGISTAR MASTER REPORT *Joseph Carrusco* (13:13 PDT)

2. REMOVE THE GREEN COPY AND SUBMIT COMPLETED REQUEST TO THE CHIEF ADMINISTRATIVE OFFICE

3. IF BUDGET TRANSFER EXCEEDS 12 LINES, EMAIL EXCEL WORKBOOK TO APINTERFACES AND CAO ANALYST

S F X	Budget Rollup Code	ORG	OBJECT	PROJECT STRING	GL Project	INCREASE OR DECREASE (INC / DEC)	AMOUNT	DESCRIPTION (30 CHARACTERS MAX.)
1		0940000	0001			INC	\$ 150,000	INC 23/24 USE OF FUND BALANCE
2	09Q04	0940000	7250			INC	\$ 150,000	INC 23/24 INTRAFUND TRF
3	09R03	0930000	7380	0930EMPBEN-C73INTFUND		DEC	\$ 150,000	DEC 23/24 INTRAFUND ABATEMENT
4	09403	0930000	4104	0930EMPBEN-C40SERSUP		INC	\$ 150,000	INC 23/24 SERVICE & SUPPLY
5								
6								
7								
8								
9								
10								
11								
12								

<p>_____ JOE HARN, C.P.A. AUDITOR / CONTROLLER DATE</p> <p>_____ CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE</p> <p>_____ CHIEF ADMINISTRATIVE OFFICER DATE</p>	<p style="text-align: center;">APPROVED AND SO ORDERED THAT THE ABOVE TRANSFERS BE MADE (AS REQUESTED OR AMMENDED) AND INCORPORATED IN THE MINUTES OF THIS MEETING OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO</p> <p>_____ SIGNATURE: CHAIR, BOARD OF SUPERVISORS DATE</p> <p>_____ ATTEST: CLERK, BOARD OF SUPERVISORS DATE</p>
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