

AUDITOR / CONTROLLER'S USE	
TRANSFER #	TR2018057
DATE	Journal 350
CODE BY	

EL DORADO COUNTY APPROPRIATION TRANSFER ( 29130 GOV. CODE )

# BUDGET TRANSFER REQUEST #1

MD District Attorney FY 17/18

DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	160,000.00 ✓
NUMBER OF LINES	6 ✓
TRANSACTION CODE TOTAL*	48 ✓

12/13/2017

DATE

*[Signature]*  
DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

PAGE 1 OF 1

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	TRANS CODE NO.*	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	002	7778302	0001		40,000.00	FY 17/18 INC FUND BAL SLESF 17-1333
2	011	7778302	7000		40,000.00	FY 17/18 INC OP TRFS SLESF 17-01333
3	002	220210	2020	22SLESF-STATE	40,000.00	FY 17/18 INC OP TRFS SLESF 17-1333
4	011	220210	4462	22SLESF-C.405ERSup	11,400.00	FY 17/18 INC COMP EQUIP SLESF 17-1333
5	011	220210	4144		8,600.00	FY 17/18 INC COMP SOFTWARE SLESF 17-1333
6	011	220210	6042	22SLESF-C.60FA	20,000.00	FY 17/18 INC FIXED ASSET COMPUTER EQUIP SLESF 17-1333
7						<i>in workflow</i>
8						
9						
10						<i>Legistar # 17-1333 1/9/18</i>
11						
12						
13						

REVIEWED FOR FORMAT BY

*[Signature]* 2-13-18  
JOE BARN, C.P.A. AUDITOR / CONTROLLER DATE

*[Signature]* 1/31/18  
CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE

*[Signature]* 2/1/2018  
CHIEF ADMINISTRATIVE OFFICE 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]* 1/9/2018  
SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS DATE

*[Signature]*  
ATTEST: CLERK, BOARD OF SUPERVISORS