

AUDITOR / CONTROLLER'S USE

# BUDGET TRANSFER REQUEST #1

EL DORADO COUNTY APPROPRIATION TRANSFER ( 29130 GOV. CODE )

ELECTIONS

DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	198,000
NUMBER OF LINES	2
TRANSACTION CODE TOTAL*	0

4/3/2019

DATE

DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

x7565

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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	D/C	FENIX Org	SUB OBJECT NUMBER	PL String	AMOUNT	DESCRIPTION	(50 CHARACTERS MAX.)
1	C	1900000	0880	SELECT 19OPER FEES 19ELECFE	99,000	FY18-19 increase in revenue for DRAM Grant	
2	D	1900000	4500	19ELECT 19OPER C40SERSUP 19ELECTEXP	99,000	FY 18-19 increase in appropriation to Special Dept Expense for DRAM Grant	
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REVIEWED FOR FORMAT BY  
 JOE HARN, C.P.A. AUDITOR / CONTROLLER

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 \_\_\_\_\_