

BUDGET TRANSFER REQUEST #1

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	5,569,200.00
NUMBER OF LINES	5
TRANSACTION CODE TOTAL*	000

AUDITOR / CONTROLLER'S USE	
TRANSFER #	TR 2019082
DATE	J# 2019-8-11049
CODE BY	J 2/19/19

Community Development Services
DEPARTMENT OR AGENCY NAME
LEGISTAR # 18-1843

1/8/2019

DATE

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

SFTY CNTRMSRS

S F X	D/C	FENIX Org	SUB OBJECT NUMBER	PL String	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	D	3630300	4300 ✓	36201034-36DESIGN-36GENERAL-36RR16	497,200.00	FY 18-19 SAFETY CNTRMSRS INC PROF & SPEC SERVICES
2	D	3630300	4302 ✓	36201034-36CONSTRUC-36C125H-36RR16	2,013,339.00	FY 18-19 SFTY CNTRMSRS INC CONSTR & ENG CONTRACTS
3	D	3630300	4302 ✓	36201034-36CONSTRUC-36GENERAL-36RR16	274,061.00	FY 18-19 SFTY CNTRMSRS INC CONSTR & ENG CONTRACTS
4	C	3630300	✓1055 *	36201034-36FEDERAL-36HSIP-36PRELMENG	497,200.00	FY 18-19 SFTY CNTRMSRS INC FED HAZARD ELIMINATION
5	C	3630300	✓1055	36201034-36FEDERAL-36HSIP-36CONSTRUC	2,287,400.00	FY 18-19 SFTY CNTRMSRS INC FED HAZARD ELIMINATION
6						
7		3620280				
8				* NEED SET UP OK - added		
9						
10						Safety County measures
11						
12						
13						BOS 2/6/2019 18-1843
14						#12
15						
16						
17						Prepared by: Brandi Reid
18						

REVIEWED FOR FORMAT BY

JOE HARN, C.F.A. AUDITOR / CONTROLLER

CHIEF ADMINISTRATIVE OFFICE - ANALYST

CHIEF ADMINISTRATIVE OFFICE

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

DATE

DATE

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS

DATE

DATE

ATTEST: CLERK, BOARD OF SUPERVISORS