

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

EL DORADO COUNTY APPROPRIATION TRANSFER (29130 GOV. CODE)
BUDGET TRANSFER REQUEST #1

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	-
NUMBER OF LINES	3
TRANSACTION CODE TOTAL*	000

Community Development Services
DEPARTMENT OR AGENCY NAME
 LEGISTAR # 19-1372

9/11/2019
DATE

BM

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	D/C	FENIX Org	SUB OBJECT NUMBER	PL String	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	D	TBA	3000	TBA	115,017.00	FY 19-20 COMMERCIAL CANNABIS INC PERM EMPLOYEES
2	D	TBA	4300	TBA	184,983.00	FY 19-20 COMMERCIAL CANNABIS INC PROFESSIONAL SVCS
3	C	TBA	0260	TBA	(300,000.00)	FY 19-20 COMMERCIAL CANNABIS INC OTH LIC & PERMITS
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18						Prepared by: Brandi Reid
19						

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 _____