

AUDITOR / CONTROLLER'S USE		EL DORADO COUNTY APPROPRIATION TRANSFER (29125 GOV. CODE)				
TRANSFER #		BUDGET TRANSFER REQUEST		DOCUMENT TOTAL	\$104,000.00	
JOURNAL #		BUDGET TRANSFER #1 - INCREASING TOTAL APPROPRIATIONS, REVENUES, OR FIXED ASSETS REQUIRES BOS APPROVAL		NUMBER OF LINES	8	
DATE				NET TOTAL	\$0.00	
INPUT BY		BUDGET TRANSFER #2 - MOVING APPROPRIATIONS or REVENUE BETWEEN CLASSIFICATIONS REQUIRES CAO APPROVAL				
TO BE COMPLETED BY DEPARTMENT		Budget Transfer Type:	Transfer 1: BoS Approval			
DEPT NAME	Transportation	Legistar Number & Date:	21-1369 8/31/21			
DEPT CONTACT & EXT.	Brandi Reid x5851	DEPARTMENT AUTHORIZATION SIGNATURE AND DATE		8/16/2021	PAGE 1 OF 1	
				DATE		

DIRECTIONS:

1. MEMO REQUIRED, IF BOS, INCLUDE A COPY OF THE LEGISTAR MASTER REPORT
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		3810100	2020	38100005-38LOCAL-38MISC-38NA		INC	\$ 11,000	CARRIAGE HILLS CLEANUP INC XFR
2		3810100	0220	38100005-38LOCAL-38PERMIT-38WS		DEC	\$ 11,000	CARRIAGE HILLS CLEANUP DEC REV
3		3630300	2020	36309017-36LOCAL-36MISC-36GENERAL		INC	\$ 5,000	CARRIAGE HILLS CLEANUP INC XFR
4		3630300	1942	36302023-36LOCAL-36MISC-36GENERAL		DEC	\$ 5,000	CARRIAGE HILL CLEANUP MISC REV
5		3720200	2020	37201000-37LOCAL-37MISC		INC	\$ 10,000	CARRIAGE HILLS CLEANUP INC XFR
6		3720200	1401	37203000-37FEES		DEC	\$ 10,000	CARRIAGE HILL CLEANUP DEC FEES
7	37O04	3799900	7000	N/A		INC	\$ 26,000	CARRIAGE HILLS CLEANUP INC XFR
8	37V63	3799900	7700	N/A		DEC	\$ 26,000	CARRIAGE HILLS DEC CONTINGENCY
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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