

MEMO SHEET: BUDGET TRANSFER INFORMATION


Department Name*	Transportation & District Attorney	Budget Transfer Type:	Transfer 1: BoS Approval
Clerk*	Brandi Reid	Document total*	\$ 36,000
Contact phone*	530-621-5851		

BUDGET TRANSFER HEADER

Prepared date*	12/10/21	Check Applicable* <input checked="" type="checkbox"/> One Time (after Adopted Budget) <input type="checkbox"/> Continuing (include in the Adopted Budget)
Fiscal year	21/22	
Short Description* <small>(10 characters)</small>	DA/FLEETFA	
	Legistar Item Number*	21-1991 1/25/22
* REQUIRED FIELDS	Project Strings Required	Yes

By signing this memo I hereby certify that:
1. information herein is true and accurate to the best of my knowledge, 2. I have been delegated signature authority in accordance with County's policies and procedures and 3. all transfers approved on this journal are in compliance with County policies and procedures and any other relevant governmental regulations.

Authorized signature*



BUDGET TRANSFER JUSTIFICATION AND DESCRIPTION* (will be scanned into FENIX TCM)

The Department of Transportation, Fleet operations requests to amend the Fleet fixed asset list and budget. During the Proposed budget process, the District Attorney budgeted for a new vehicle for \$34,000. Due to cancellations and shortages, they are unable to have their 1/2 ton pickup fulfilled. They would like to change the vehicle category, which requires both departments to amend their budgets by \$6,000 for a new total of \$40,000.

FOR AUDITOR'S OFFICE USE ONLY

Audit date:	_____	Budget Transfer number:	_____
Audited by:	_____	Interfaced by:	_____
		Processed on:	_____

BUDGET TRANSFER REQUEST

BUDGET TRANSFER #1 - INCREASING TOTAL APPROPRIATIONS, REVENUES, OR FIXED ASSETS REQUIRES BOS APPROVAL

BUDGET TRANSFER #2 - MOVING APPROPRIATIONS OR REVENUE BETWEEN CLASSIFICATIONS REQUIRES CAO APPROVAL

DOCUMENT TOTAL \$36,000.00

NUMBER OF LINES 6

NET TOTAL \$0.00

TO BE COMPLETED BY DEPARTMENT

DEPT NAME Transportation & District Attorney

Budget Transfer Type: Transfer 1: Bos Approval
Legistar Number & Date: 21-1991 1/25/22

DEPT CONTACT & EXT. Brandi Reid x5851

DEPARTMENT AUTHORIZATION SIGNATURE AND DATE

12/10/2021 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

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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

JOE HARN, C.P.A. AUDITOR / CONTROLLER DATE

CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE

CHIEF ADMINISTRATIVE OFFICER DATE

SIGNATURE: CHAIR, BOARD OF SUPERVISORS DATE

ATTEST: CLERK, BOARD OF SUPERVISORS DATE

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INPUT BY _____

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