	MEN	10 SHEET: BUDGET TRA	ANSEER INFORMATION			
Department Name*	Transportation	Budget Transfer Type:	Transfer 1: BoS	Approval		
Clerk*	Brandi Reid	Document total*	\$	215,710		
Contact phone*	530-621-5851					
BUDGET TRANSFER HE	ADER					
Prepared date* Fiscal year	11/09/21 Check Applicable* Check Applicable* Continuing (include in the Adopted Budget)					
Short Description* (10 characters)	DOTSMUDREV					
		Legistrar Item Number*	21-1749 12/14/21			
* REQUIRED FIELDS		Project Strings Required	Yes			
Mosquito Road. Histo Municipal Utility Distr	BUDGET TRANSFER J ansportation, Maintenance ar rically, Mosquito Road display ict's (SMUD) project on Kona	nd Operations Division (Tra yed pavement depreciation Drive.	CRIPTION* (will be scanned into ansportation) conducted a field n, however the roadway failures	inspection of roadway failures on s were accelerated due to Sacramento		
roadway vehicles. Afte damages. Transportat a portion of the cost t Transportation staff m Transportation believe Transportation sugges	er reviewing the failed areas, ion then offered to include the hat could be directly attribute neasured and calculated costs ed the overall cost should be steed SMUD contribute revenu	Transportation presented are roadway repairs in its cured to the wear and tear dured for the damage, as seen be shared between SMUD and to cover the cost of 55,0	the issue to SMUD. SMUD was urrent bid contract for grind and e to their project that was locatelow. Transportation shared the County of El Dorado due to the	e following measurements with SMUD. e damages caused by both parties. uare foot for a total reimbursement of		
		FOR AUDITOR'S OF	FICE USE ONLY			
Audit date:			Budget Transfer number:			
Audited by:		Interfaced by:				

Processed on:

AUDITOR	/ CONTROLLER'S USE	EL DORADO COUNTY APP			
TRANSFER #		BUDGET TR	DOCUMENT TOTAL	\$215,710.00	
JOURNAL#		BUDGET TRANSFER #1 - INCREASING TOTAL APPROPRIATIONS, REVENUES, OR FIXED ASSETS REQUIRES BOS APPROVAL BUDGET TRANSFER #2 - MOVING APPROPRIATIONS OF REVENUE BETWEEN CLASSIFICATIONS REQUIRES CAO APPROVAL		NUMBER OF LINES	2
DATE				NET TOTAL	\$0.00
NPUT BY					
TO BE COMP	PLETED BY DEPARTMENT	Budget Transfer Type:	Transfer 1: BoS Approval		
DEPT NAME	Transportation	Legistar Number & Date:	21-1749 12/14/21		
DEPT CONTACT & EXT. Brandi Reid x5851		In Martine		11/9/2021	PAGE 1 OF 1
		DEPARTMENT AUTI	HORIZATION SIGNATURE AND DATE	DATE	
		REQUIRED, IF BOS, INCLUDE A COBY OF THE LEC E THE GREEN COPY AND SUBMIT COMPLETED R BET TRANSFER EXCEEDS 12 LINES, EMAIL EXCE			

S F X	Budget Rollup Code	ORG	OBJECT	PROJECT STRING	GL Project	INCREASE OR DECREASE (INC / DEC)	AMOUNT	DESCRIPTION (30 CHARACTERS MAX.)
1	36403	3630300	4303	3630MANT-36BUDGET-36EXP-36RRNO		INC	\$ 107,855	DOT SMUD INC PROF SVC RD MAINT
2		3630300	1200	3630MANT-36BUDGET-36REV-36GENERAL		INC	\$ 107,855	DOT SMUD INC OTHER GOVT AGENCY
3								
4								
5								
6								
7								
8								
9								
10					_			
11						*		
12				*				
JOE HARN, C.P.A. AUDITOR / CONTROLLER DATE			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					
CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE			SIGNATURE: CHAIR, BOARD OF SUPERVISORS DATE					
CHIEF ADMINISTRATIVE OFFICER DATE				ATTEST: CLERK, BOARD OF SUPERVISORS DATE				