AUDITOR / CONTROLLER'S USE			EL DORADO COUNTY APPROPRIATION TRANSFER (29125 GOV. CODE)				
TRANSFER#			BUDGET TR	ANSFER REQUEST	DOCUMENT TOTAL	\$279,922.00	
JOURNAL #			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		NUMBER OF LINES	2	
DATE					NET TOTAL	\$0.00	
INPUT BY							
TO BE COMPLETED BY DEPARTMENT			Budget Transfer Type:	Transfer 1: BoS Approval			
DEPT NAME	DEPT NAME Health and Human Services, Adm/Finance		Legistar Number & Date:	21-1923 01-11-2022			
DEPT CONTACT & EXT. Wracker x6933		Don Semon (Dec 22, 2021 10:01 PST)	Dec 22, 2021	12/2/2021	PAGE 1 OF 1		
			DEPARTMENT AUT	HORIZATION SIGNATURE AND DATE	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							

- 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	50400	5000000	4300	BUDGET-SUMMARY		INC	\$ 139,961	HHSA INC PROF SERV	ICE CALDOR
2		1580500	0003			INC	\$ 139,961	FROM DESIGN 339 CAI	DOR
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					ATTE	ST: CLERK, BOARD OF SUP	PERVISORS	DATE	

S:\APFORMS\BUDGET TRANSFER 2.XLS

MEMO SHEET: BUDGET TRANSFER INFORMATION								
Department Name*	Health and Human Services,	Budget Transfer Type:	Transfer 1: BoS	Approval				
Clerk*	Maki Ganno	Document total*	\$	279,922				
Contact phone*	530-642-4893							
BUDGET TRANSFER HEA	DER							
Prepared date*	12/02/21	Check Applicable*	One Time (after Adopted Budget)					
Fiscal year	21/22		Continuing (include in the Adopted Bud	lget)				
Short Description* (10 characters)	Caldor	r						
		Legistrar Item Number*	21-1923 01-11-2022					
* 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*								
Don Semon (Dec 22, 2021 10:01 P	ST)							
	BUDGET TRANSFER J	USTIFICATION AND DES	CRIPTION* (will be scanned int	:o FENIX TCM)				
The Salvation Army wil and assistance in such help them recover from	areas as finding short term l	management services dire nousing, long term housing	r Fire relief. ctly to clients affected by the o					
FOR AUDITOR'S OFFICE USE ONLY								
Audit date:		-	Budget Transfer number:					
Audited by:			Interfaced by:					
			Processed on:					