



AUDITOR / CONTROLLER'S USE		EL DORADO COUNTY APPROPRIATION TRANSFER (29125 GOV. CODE)				
TRANSFER #		BUDGET TRANSFER REQUEST		DOCUMENT TOTAL	\$180,000.00	
JOURNAL #		BUDGET TRANSFER #1 - INCREASING TOTAL APPROPRIATIONS, REVENUES, OR FIXED ASSETS REQUIRES BOS APPROVAL		NUMBER OF LINES	2	
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	DEPT 12 - EMS	Legistar Number & Date:	22-1434 8/16/22			
DEPT CONTACT & EXT.	FORREST ANDRA 5804	 <small>Kerri Williams-Horn (Aug 1, 2022 16:32 PDT)</small>		8/1/2022	PAGE 1 OF 1	
		 <small>Sue Hennike (Aug 1, 2022 16:46 PDT)</small>		DATE		
DEPARTMENT AUTHORIZATION SIGNATURE AND 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	12460	1210160	4324			INC	\$ 90,000	INC C40 SERSUP
2	12C60	1210160	7700			DEC	\$ 90,000	DEC CONTINGENCY
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

<p>_____</p> <p style="text-align:center;">JOE HARN, C.P.A. AUDITOR / CONTROLLER DATE</p> <p>_____</p> <p style="text-align:center;">CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE</p> <p>_____</p> <p style="text-align:center;">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>_____</p> <p style="text-align:center;">SIGNATURE: CHAIR, BOARD OF SUPERVISORS DATE</p> <p>_____</p> <p style="text-align:center;">ATTEST: CLERK, BOARD OF SUPERVISORS DATE</p>
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MEMO SHEET: BUDGET TRANSFER INFORMATION

Department Name*	DEPT 12 - EMS	Budget Transfer Type:	Transfer 1: BoS Approval
Clerk*	Forrest Andra	Document total*	\$ 180,000
Contact phone*	530-621-5804		

BUDGET TRANSFER HEADER

Prepared date*	08/01/22	Check Applicable*	<input checked="" type="checkbox"/> One Time (after Adopted Budget)
Fiscal year	FY21/22		<input type="checkbox"/> Continuing (include in the Adopted Budget)
Short Description* <small>(10 characters)</small>	MADDYRICHI		
		Registrar Item Number*	22-1434 8/16/22
* REQUIRED FIELDS		Project Strings Required:	No

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.

<i>Kerri Williams-Horn</i> <small>Kerri Williams-Horn (Aug 1, 2022 16:32 PDT)</small>	Authorized signature* <i>Sue Hennike</i> <small>Sue Hennike (Aug 1, 2022 16:46 PDT)</small>
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BUDGET TRANSFER JUSTIFICATION AND DESCRIPTION* (will be scanned into FENIX TCM)

This budget transfer is decreasing the 1210160 Maddy & Richie Fund contingency, and increasing the 1210160 Maddy & Richie Fund C40 due to the department contracting out for software that was an unbudgeted expense for Fiscal Year 21/22. This unbudgeted expense was approved by the Board on Item 21-1694. This budget transfer is needed to be able to pay all Fiscal Year 21/22 invoices.

FOR AUDITOR'S OFFICE USE ONLY

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