

MEMO SHEET: BUDGET TRANSFER INFORMATION

Department Name*	CAO	Budget Transfer Type:	Transfer 1: BoS Approval
Clerk*	JEREMY APODACA	Document total*	\$ 6,000,000
Contact phone*	X 5838		

BUDGET TRANSFER HEADER

Prepared date*	10/06/22	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>	SHAKORI		
		Legistrar Item Number*	22-1831 - 10/18/22
* 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 attached budget transfer appropriates funds in the ACO fund for the construction cost increases related to the Shakori project as well as increasing offsetting funding from the Capital Projects designation.

FOR AUDITOR'S OFFICE USE ONLY

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

AUDITOR / CONTROLLER'S USE		EL DORADO COUNTY APPROPRIATION TRANSFER (29125 GOV. CODE)		<h1>BUDGET TRANSFER REQUEST</h1>		DOCUMENT TOTAL	\$6,000,000.00		
TRANSFER #		BUDGET TRANSFER #1 - INCREASING TOTAL APPROPRIATIONS, REVENUES, OR FIXED ASSETS REQUIRES BOS APPROVAL				NUMBER OF LINES	4		
JOURNAL #						BUDGET TRANSFER #2 - MOVING APPROPRIATIONS or REVENUE BETWEEN CLASSIFICATIONS REQUIRES CAO APPROVAL		NET TOTAL	\$0.00
DATE									
INPUT BY									
TO BE COMPLETED BY DEPARTMENT		Budget Transfer Type:	Transfer 1: BoS Approval						
DEPT NAME	CAO	Legistar Number & Date:	22-1831 - 10/18/22						
DEPT CONTACT & EXT.	JEREMY APODACA	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> DEPARTMENT AUTHORIZATION SIGNATURE AND DATE		10/6/2022	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		0640450	2020	BUDGET -SUMMARY - -		INC	\$ 1,500,000	INC OP TFR IN SHAKORI 22-1831
2	06680	0640450	6020	BUDGET -SUMMARY - -		INC	\$ 1,500,000	INC FA SHAKORI 22-1831
3		1560600	0003			INC	\$ 1,500,000	INC DESIG SHAKORI 22-1831
4	15000	1550500	7000	15GF -15ACO - -	FAC	INC	\$ 1,500,000	INC OP TFR OUT SHAKORI 22-1831
5								
6								
7								
8								
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>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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