

**DEPARTMENT OF TRANSPORTATION
BUDGET TRANSFER SUMMARY
FISCAL YEAR 2011-2012
BOS AGENDA 12-1025**

ACCOUNT		CURRENT BUDGET	PROPOSED CHANGE	AMENDED BUDGET	NOTES
<u>PLACERVILLE AIRPORT</u>					
(307131)					
<u>EXPENSES</u>					
DEPRECIATION	5200	<u>217,000</u>	<u>50,000</u>	<u>267,000</u>	INCREASE DEPRECIATION EXP TO ALLOW ADDITIONAL DEP EXP
TOTAL		217,000	50,000	267,000	
<u>REVENUES</u>					
FUND BALANCE	0001	<u>259,073</u>	<u>50,000</u>	<u>309,073</u>	INCREASE USE OF RETAINED EARNINGS
TOTAL		259,073	50,000	309,073	

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

EL DORADO COUNTY APPROPRIATION TRANSFER (29130 GOV. CODE)

BUDGET TRANSFER REQUEST #1

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	100,000
NUMBER OF LINES	2
TRANSACTION CODE TOTAL*	13

TRANSPORTATION

Legistar 12-1025

DEPARTMENT OR AGENCY NAME

08/07/12

DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

8/7/2012
DATE

COMPLETE THE INFORMATION BELOW WITH JUSTIFICATION NARRATIVE OR ATTACH A MEMO.
 REMOVE THE GOLD COPY AND SUBMIT COMPLETE REQUEST TO THE AUDITOR / CONTROLLER'S OFFICE.
 A BUDGET TRANSFER MUST BE AT LEAST TWO LINES, NOT EXCEED TWENTY-SIX LINES AND USE AN "ODD AND EVEN" NUMBERED TRANSACTION CODE*
 * 002 = INCREASE ESTIMATED REVENUE * 011 = INCREASE IN APPROPRIATION / BOS APPROVED
 * 003 = DECREASE ESTIMATED REVENUE * 012 = DECREASE IN APPROPRIATION / BOS APPROVED

S.F. X	TRANS CODE NO.	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	011	307131	5200		50,000.00	FY 11-12 BUD REV PLACERVILLE AIRPORT DEPRECIATION
2	002	307131	0001		50,000.00	FY 11-12 BUD REV PLACERVILLE AIRPORT DEPRECIATION
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						Prepared by: Laura Friestad xt 5923
13						

REVIEWED FOR FORMAT BY

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

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

CHIEF ADMINISTRATIVE OFFICE - ANALYST _____ DATE

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS _____ DATE

CHIEF ADMINISTRATIVE OFFICE _____ DATE

ATTEST: CLERK, BOARD OF SUPERVISORS _____