AUDITOR / CONTROLLER'S USE				EL DORADO COUNTY APPROPRIATION TRANSFER (29130 GOV. CODE)			TO BE COMPLETED BY THE DEPARTMENT		
TRAN	SFER#					FER REQUEST #1	DOCUMENT TOTAL	\$ 696,404.00	
DATE					Sheriff's	TANKAN	NUMBER OF LINES	12	
CODE BY			······································		DEPARTMENT C	DR AGENCY NAME	TRANSACTION	115	
			*******	<u> </u>	····		CODE TOTAL*		
11		7/2016			DEPARTMENT AUTHORIZATION	SIGNATURE AND PHONE NUMBER		PAGE	
					IATION BELOW WITH JUSTI	FICATION NARRATIVE OR ATTACH A MEN			
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 * 003 = DECREASE ESTIMATED REVENUE			* 011 = INCREASE IN APPROPRIATION / BOS APPROVED * 012 = DECREASE IN APPROPRIATION / BOS APPROVED				
S F X	TRANS CODE NO.*	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION	(50 CHAF	(ACTERS MAX.)	
1	002	7724310	0001		\$ 63,601.00	FY 16/17 CalMMET Equipmen	nt/Vehicle Inc Fund Balance		
2	011	7724310	7000		\$ 63,601.00	FY 16/17 CalMMET Equipmer	Equipment/Vehicle Inc Op Xfer Out		
3	002	244125	2020		\$ 63,601.00	FY 16/17 CalMMET Equipmen	oment/Vehicle Inc Op Xfer In		
4	012	244125	3000		\$ 15,000.00	FY 16/17 CalMMET Equipmer	ent Dec Sal & Ben		
5	012	244125	3002		\$ 5,000.00	FY 16/17 CalMMET Equipmen	nt Dec Sal & Ben		
6	011	244125	4500		\$ 53,601.00	FY 16/17 CalMMET Equipmen	nt Inc Svcs & Sup		
7	012	244125	6045		\$ 47,000.00	FY 16/17 CalMMET Equipmen	ent Dec Fixed Assets		
8	011	244125	7001		\$ 77,000.00	FY 16/17 CalMMET Vehicle In	Inc Op Xfer Out		
9	013	307220	6045		\$ 77,000.00	FY 16/17 CalMMET Vehicle Ir	nc Fixed Asset		
10	014	307220	6101		\$ 77,000.00	FY 16/17 CalMMET Vehicle D	ec Fixed Asset		
11	002	307220	2022		\$ 77,000.00	FY 16/17 CalMMET Vehicle Ir	nc Op Xfer In		
12	013	307220	7700		\$ 77,000.00	FY 16/17 CalMMET Vehicle Ir	nc App For Cont		
13									
F	EWED OR MAT BY	JOE HARN, C.P./	A. AUDITOR / CO	NTROLLER	DATE			ETING OF THE BOARD OF	
		CHIEF ADMINIST	TRATIVE OFFICE	- ANALYST	DATE	SIGNATURE: CHAIRMAN, BOARD	OF SUPERVISORS	DATE	

DATE ATTEST: CLERK, BOARD OF SUPERVISORS

CHIEF ADMINISTRATIVE OFFICE