

# BUDGET TRANSFER REQUEST #1

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	272,000.00
NUMBER OF LINES	4
TRANSACTION CODE TOTAL*	

Community Development Services

DEPARTMENT OR AGENCY NAME

LEGISTAR # 18-0961

6/26/2017  
DATE

*BM R. Martinez*  
DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

PAGE 1 OF 1

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  
\* 003 = DECREASE ESTIMATED REVENUE

\* 011 = INCREASE IN APPROPRIATION / BOS APPROVED  
\* 012 = DECREASE IN APPROPRIATION / BOS APPROVED

S F X	D/C	FENIX Org	SUB OBJECT NUMBER	PL String	AMOUNT	DESCRIPTION	(50 CHARACTERS MAX.)
1	D	1550500	7000	TBD	68,000.00	FY 17-18 INCREASE OPERATING TRANSFER OUT FOR NEG INTEREST	
2	C	1530300	7700	TBD	68,000.00	FY 17-18 DECREASE CONTINGENCY FOR NEG INTEREST	
3	C	3600010	2020	TBD	68,000.00	FY 17-18 INCREASE OPERATING TRANSFER IN FOR NEG INTEREST	
4	D	3600010	0400	TBD	68,000.00	FY 17-18 DECREASE INTEREST REVENUE FOR NEG INTEREST	
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14						Prepared by: Becky Morton	

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