AUDITOR / CONTROL LEDIS USE				FL DODADO COUNTY ADDDODDIATION TRANSFED (20/20 COV. CODE.)			TO BE COMPLETED BY THE DEPARTMENT	
AUDITOR / CONTROLLER'S USE TRANSFER #			(3 USE	BUDGET TRANSFER (29130 GOV. CODE) BUDGET TRANSFER REQUEST #1			DOCUMENT TOTAL	
				ВОРО			1	446,400.00
DATE				District Attorney FY 18/19 DEPARTMENT OR AGENCY NAME		NUMBER OF LINES TRANSACTION	(
CODE BY					DEI ARTIMERI	OK AGENOT IVANIE	CODE TOTAL*	48
9/		2/2018]	PAGE 10F				
		DATE				I SIGNATURE AND PHONE NUMBER		
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*								
				# 011 = INCREASE IN APPROPRIATION / BOS APPROVED * 012 = DECREASE 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 CHARACT	TERS MAX.)
1	002	2280780	0001		111,600.00	FY 18/19 INC FUND BAL SLES	SF 18-1448	
2	011	2280780	7000		111,600.00	FY 18/19 INC OPXTRF SLESF	18-1448	
3	002	2200000	2020	22SLESF -OPTRSF	111,600.00	FY 18/19 INC OPXTRF SLESF	18-1448	
4	011	2200000	4464	22SLESF -C40SERSUP	22,000.00	FY 18/19 INC LAW ENF EQUIP	P SLESF 18-1448	
5	011	2200000	6040	22SLESF -C60FA	84,000.00	FY 18/19 INC FIXED ASSET R	ADIOS SLESF 18-14	148
6	011	2200000	4144	22SLESF -C40SERSUP	5,600.00	FY 18/19 INC SOFTWARE LIC	RADIOS SLESF 18	-1448
7								
8								
9								
10								
11								
12								
13								
F	EWED OR IAT BY	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 JOE HARN, C.P.A. AUDITOR / CONTROLLER DATE						
		JUE HAKN, C.P.	A. AUDITOR /	OONINOLLER	DATE			

DISTRIBUTION: WHITE - BOS / YELLOW - AUDITOR / PINK - CHIEF ADMINISTRATIVE OFFICE / GOLD - DEPARTMENT

DATE

DATE

CHIEF ADMINISTRATIVE OFFICE - ANALYST

CHIEF ADMINISTRATIVE OFFICE

S:\APFORMS\BUDGET TRANSFER 1.XLS

DATE

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS

ATTEST: CLERK, BOARD OF SUPERVISORS