

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

BUDGET TRANSFER REQUEST #1

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	306,750.00
NUMBER OF LINES	12
TRANSACTION CODE TOTAL*	101

District Attorney FY 18/19
DEPARTMENT OR AGENCY NAME

9/25/2018
DATE

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	TRANS CODE NO.*	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	002	2200000	1124	22CALOESST-FEDERAL	153,375.00	FY 18/19 FED REVENUE INC CALOES ST 18-1496
2	011	2200000	3000	22CALOESST-C30SALBEN	60,651.00	FY 18/19 INC SALARY CALOES ST 18-1496
3	011	2200000	3020	22CALOESST-C30SALBEN	15,836.00	FY 18/19 INC RETIREMENT CALOES ST 18-1496
4	011	2200000	3022	22CALOESST-C30SALBEN	1,333.00	FY 18/19 INC MEDICARE CALOES ST 18-1496
5	011	2200000	3040	22CALOESST-C30SALBEN	18,724.00	FY 18/19 INC HEALTH INS CALOES ST 18-1496
6	011	2200000	3041	22CALOESST-C30SALBEN	1,983.00	FY 18/19 INC UNEMP INS CALOES ST 18-1496
7	011	2200000	3042	22CALOESST-C30SALBEN	217.00	FY 18/19 INC LTD CALOES ST 18-1496
8	011	2200000	3080	22CALOESST-C30SALBEN	3,680.00	FY 18/19 INC FLEX BEN CALOES ST 18-1496
9	011	2200000	4300	22CALOESST-C40SERSUP	36,369.00	FY 18/19 INC PROF SVCS CALOES ST 18-1496
10	011	2200000	4600	22CALOESST-C40SERSUP	14,582.00	FY 18/19 INC TRVL/TRN CALOES ST 18-1496
11						
12						
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 _____