

BUDGET TRANSFER REQUEST #1

TO BE COMPLETED BY THE DEPARTMENT

DOCUMENT TOTAL 440,412.00

NUMBER OF LINES 5

TRANSACTION CODE TOTAL* *na* -28

AUDITOR / CONTROLLER'S USE

TRANSFER # *TR2019036*

DATE *JUL # 2019-5-218*

CODE BY *[Signature]* *11/7/18*

District Attorney FY 18/19 *MA*

DEPARTMENT OR AGENCY NAME

9/21/2018

DATE

[Signature]

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

gmy
 (2) *AUTO FRAUD*

S F X	TRANS CODE NO.*	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	002	2270731	0885		108,381.00	FY 18/19 <u>INC</u> STATE REV AUTO 18-1189
2	002	2270731	0001		1,722.00	FY 18/19 <u>INC</u> INT REV 17/18 CARRY-OVER AUTO 18-1189
3	011	2270731	7000	<i>22 AUTO - STATE - 22 INB</i>	110,103.00	FY 18/19 <u>INC</u> OPXTRF AUTO 18-1189
4	002	2200000	2020	22 AUTO - OPTRSF	110,103.00	FY 18/19 <u>INC</u> OPXTRF AUTO 18-1189
5	011	2200000	3000	22 AUTO - C30SALBEN	110,103.00	FY 18/19 <u>INC</u> SALARY AUTO 18-1189
6						
7						
8						
9						
10						<i>BOS 18-1189 10/16/2018 #15</i>
11						
12						
13						
14						

REVIEWED FOR FORMAT BY

[Signature]
 JOE HARN, C.P.A. AUDITOR / CONTROLLER

[Signature]
 CHIEF ADMINISTRATIVE OFFICE - ANALYST

[Signature]
 CHIEF ADMINISTRATIVE OFFICE

10/25/18 *[Signature]*
 DATE

10/22/18
 DATE

10/22/2018
 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

[Signature] *10/16/2018*
 SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS DATE

[Signature]
 ATTEST: CLERK, BOARD OF SUPERVISORS