

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

BUDGET TRANSFER REQUEST #1

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	718,000.00
NUMBER OF LINES	4
TRANSACTION CODE TOTAL*	

District Attorney FY 18/19
DEPARTMENT OR AGENCY NAME

3/26/2019
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	C	2200000	2020	22AB109-INTER	179,500.00	FY 18/19 INC OPERATING TRF IN 19-0213 KARPEL
2	D	2200000	6041	22AB109-C60FA	179,500.00	FY 18/19 INC FIXED ASSET 19-0213 KARPEL
3	C	0270740	7700		179,500.00	FY 18/19 DECR APP FOR CONTINGENCY 19-0213 KARPEL
4	D	0270740	7000		179,500.00	FY 18/19 INC OPERATING TRF OUT 19-0213 KARPEL
5						
6						
7						
8						
9						
10						
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