*:				7		(	'A <del>A HW torto</del>	<del>1111111111111111111111111111111111111</del>
AUDIT		TRZOIGIZ5		EL DORADO COUNTY APPROPRIATION TRANSFER (29130 GOV. CODE)  BUDGET TRANSFER REQUEST #1			TO BE COMPLETED BY THE DEPARTMENT	
		112019123					DOCUMENT TOTAL	1,200,000
DATE				Community Development Services  DEPARTMENT OR AGENCY NAME		NUMBER OF LINES TRANSACTION	4	
CODE BY				LEGISTAR # 19-0787 6/4/19			CODE TOTAL*	000
	5	/7/2019	_	Di 17 Marlines	DEPARTMENT AUTHORIZATION	SIGNATURE AND PHONE NUMBER		PAGE 1 OF 1
		DATE	,	COMPLETE THE INFORMATION BELOW WITH JUSTIF				(De)
			A BUDGET 1	COMPLETE THE INFORMATION BELOW WITH JUSTIF REMOVE THE GOLD COPY AND SUBMIT COMPLETE REQU TRANSFER MUST BE AT LEAST TWO LINGS, NOT EXCEED TWENTY-SIX	JEST TO THE AUDITOR / C ( LINES AND USE AN "ODE	ONTROLLER'S OFFICE. DAND EVEN" NUMBERED TRANSACTION	CODE.	) (93
			INCREASE ESTIN	MATED REVENUE MATED REVENUE		* 011 = INCREASE IN APPROPRIATION / * 012 = DECREASE IN APPROPRIATION /	BOS APPROVED BOS APPROVED	POAD FUND
S			SUB OBJECT					
F X	D/C	FENIX Org	NUMBER	PL String.	AMOUNT	DESCRIPTION	(50 CHARA	CTERS MAX.)
1	D	3600020	7000	. N/A	300,000.00	FY 18-19 ROAD DISTRICT TAX IN	OPER TRANSFERS C	UT
2	С	3600020	0100	N/A	(300,000.00)	FY 18-19 ROAD DISTR TAX INC	PROP TAX CURR SECUP	RED
3	D	3600010	0001	36001000-36LOCAL-36FNDBAL-36GENERAL	300,000.00	FY 18-19 DOT GEN DEPT DEC USE OF FUND BALANCE		
4	С	3600010	2024	36001000-36LOCAL-36RDT-36GENERAL	(300,000.00)	FY 18-19 DOT GEN DEPT INC OF	PER TRANSFER IN: RDT	
5								
6								
7								
8								
9								
10								
11				*/*				
12								
13								
14								
15								
16								
17								
18								
19								
20				ru/				
21		Λ	/1	LL que		Prepared by: Brandi Reid		
22			1/22	200		J		
REVIEWED FOR FORMAT BY		OHU/		77 E 6	M	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.	21		5/21/19	Bik. Vee	chand 6/4	H209
		CHIEF ADMINIST	Sha	h low	0/19/2019	SIGNATÜRÉ: CHAIRMAN, BOARD		DATE
		CHIEF ADMINIST	RATIVE OFFICE	Seifes /	DATE*	ATTEST: CLERK, BOARD OF SUPE	RVISORS	

CHADEODASCIDI INCET TRANCEER 1 YI C