	RANSFER #		BUDGET TRANSFER REQUEST #1				1,535,824.00
DATE			Community Development Services			NUMBER OF LINES	4
CODE BY			DEPARTMENT OR AGENCY NAME LEGISTAR # 20-0376 4/7/20			TRANSACTION CODE TOTAL*	000
3/5/2020 DATE			AS A Marking DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER			OUSE TO THE	PAGE 1 OF 1
	* 002 =	INCREASE ESTIM	COMPLETE THE INFORMATION BELOW WITH JUSTIFIE REMOVE THE GOLD COPY AND SUBMIT COMPLETE REQUE RANSFER MUST BE AT LEAST TWO LINES, NOT EXCEED TWENTY-SIX I		ATTACH A MEMO. ONTROLLER'S OFFICE. D AND EVEN" NUMBERED TRANSAC * 011 = INCREASE IN APPROPRIAT	ION / BOS APPROVED	
	* 003 =	DECREASE ESTIN	NATED REVENUE		• 012 = DECREASE IN APPROPRIA	TION / BOS APPROVED	
S F D/C X	FENIX Org	SUB OBJECT NUMBER	PL String .	AMOUNT	DESCRIPTION	(50 CHAR	ACTERS MAX.)
1 D	3600020	7000	N/A	383,956.00	FY 19-20 ROAD DISTRICT TA	AX INC OPER TRANSFERS	OUT
2 C	3600020	7700	N/A	383,956.00	FY 19-20 ROAD DISTRICT TAX DEC CONTINGENCY		
3 D	3600010	7700	36001000-36INDIRECT-36GENERAL-36RRNO	383,956.00	FY 19-20 DOT GEN DEPT INC CONTINGENCY		
4 C	3600010	2024	36001000-36LOCAL-36RDT-36GENERAL	383,956.00	FY 19-20 DOT GEN DEPT INC OPER TRANSFER IN: RDT		
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21					Prepared by: Brandi Reid		
22							9
REVIEWED FOR FORMAT BY	JOE HARN, C.P.	A. AUDITORY CO	NTROLLER	3/1/2×	OR AMENDED) AND INCORPOR SUPERVIS	THAT THE ABOVE TRANSFERS I ATED IN THE MINUTES OF THIS M SORS OF THE COUNTY OF EL DO	EETING OF THE BOARD O
	CHIEF ADMINISTRATIVE OFFICE - ANALYST			111160	SIGNATURE: CHAIRMAN, BC	APD OF SUPERVISORS	DATE
	CHIEF ADMINIS	I KATIVE OFFICE	- AIVALTOI	DATE	SIGNATURE; CHAIRMAN, BC	AND OF SUPERVISORS	DATE