

AUDITOR / CONTROLLER'S USE

TRANSFER # TR2020180

DATE J#2020-12-1925

CODE BY NK 6/15/20

EL DORADO COUNTY APPROPRIATION TRANSFER (29130 GOV. CODE)

BUDGET TRANSFER REQUEST #1

HSA - Community Services

DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT

DOCUMENT TOTAL	-
NUMBER OF LINES	2
TRANSACTION CODE TOTAL*	NA

6/5/2020
DATE

you

[Signature]
DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

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

Gloria reviewed 6/16/20

S F X	D/C	FENIX Org	SUB OBJECT NUMBER	PL String	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	C	5210180	0880		(9,000)	FY 19-20 Inc State Revenue
2	D	5210180	5000		9,000	FY 19-20 Inc Support and Care of Persons
3						
4						
5						
6						
7						
8						
9						
10						<i>Legistar 20-0769</i>
11						<i>6/30/2020</i>
12						
13						

REVIEWED FOR FORMAT BY

[Signature]
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

Mollie Approved - attached via email 6/11/20
CHIEF ADMINISTRATIVE OFFICE - ANALYST

DATE

[Signature]
SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS

DATE

7/6/2020

[Signature]
CHIEF ADMINISTRATIVE OFFICE

DATE

[Signature]
ATTEST: CLERK, BOARD OF SUPERVISORS

CAO JUN 11 '20 PM 3:02