

# BUDGET TRANSFER REQUEST #1

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	20,000.00
NUMBER OF LINES	2
TRANSACTION CODE TOTAL*	013

AUDITOR / CONTROLLER'S USE	
TRANSFER #	29064
DATE	
CODE BY	

Human Services  
 AUDITOR / CONTROLLER  
 Joe Harn, C.P.A. 1/26/2009  
 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

09-0055  
 2/10/09

S F X	TRANS CODE NO.*	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION	(50 CHARACTERS MAX.)
1	002	7753313	0880		10,000.00	FY 08/09 Budget Rev HS-SS CAPC Kids Plate Grant	
2	011	7753313	4300		10,000.00	FY 08/09 Budget Rev HS-SS CAPC Kids Plate Grant	
3							
4							
5							
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7							
8							
9							
10							
11							
12							
13							

REVIEWED FOR FORMAT BY  
 Joe Harn, C.P.A. AUDITOR / CONTROLLER  
 DATE 1-28-09  
 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  
 EL DORADO CO. C.A.O. 2009 JAN 29 PM 12:00

CHIEF ADMINISTRATIVE OFFICE - ANALYST \_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS \_\_\_\_\_ DATE \_\_\_\_\_  
 CHIEF ADMINISTRATIVE OFFICE \_\_\_\_\_ DATE \_\_\_\_\_ ATTEST: CLERK, BOARD OF SUPERVISORS \_\_\_\_\_  
 DISTRIBUTION: WHITE - BOS / YELLOW - AUDITOR / PINK - CHIEF ADMINISTRATIVE OFFICE / GOLD - DEPARTMENT