

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

EL DORADO COUNTY APPROPRIATION TRANSFER (29130 GOV. CODE)

BUDGET TRANSFER REQUEST #1

Health and Human Services Agency -Social Services

DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	813,892.00
NUMBER OF LINES	6.00
TRANSACTION CODE TOTAL*	051

05/15/2013

DATE

Janet Walker Conroy 5/16/13

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	002	530912	0580		123,000.00	FY 12/13 BUDGET REV-IHSS MOE
2	011	530912	5000		123,000.00	FY 12/13 BUDGET REV-IHSS MOE
3	003	530910	2027		141,973.00	FY 12/13 BUDGET REV-IHSS MOE
4	012	530910	5000		141,973.00	FY 12/13 BUDGET REV-IHSS MOE
5	012	7776302	7000		141,973.00	FY 12/13 BUDGET REV-IHSS MOE
6	011	7776302	7700		141,973.00	FY 12/13 BUDGET REV-IHSS MOE
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

