

TRANSFER #
DATE
CODE BY

BUDGET TRANSFER REQUEST #1

Human Services -Community Services Div
 DEPARTMENT OR AGENCY NAME

DOCUMENT TOTAL	60,000.00
NUMBER OF LINES	5.00
TRANSACTION CODE TOTAL*	038

5/1/2008
 DATE

[Signature]
 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	531520	0580		20,000.00	FY 07/08 Budget Rev IHSS PA Health Benefit	
2	002	531520	1800		5,000.00	FY 07/08 Budget Rev IHSS PA Health Benefit	
3	011	531520	5024		25,000.00	FY 07/08 Budget Rev IHSS PA Health Benefit	
4	011	530910	5300		5,000.00	FY 07/08 Budget Rev IHSS PA Health Benefit	
5	012	530910	5000		5,000.00	FY 07/08 Budget Rev IHSS PA Health Benefit	
6							
7							
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11							
12							
13							

REVIEWED FOR FORMAT BY
 JOE HARN, C.P.A. AUDITOR / CONTROLLER

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