

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

FY 0809
EL DORADO COUNTY APPROPRIATION TRANSFER (20130 GOV. CODE)

BUDGET TRANSFER REQUEST #1

Human Resources/Risk Mgmt Division
DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	1,000,000
NUMBER OF LINES	4
TRANSACTION CODE TOTAL*	17

7/9/2009
DATE


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 * 011 = INCREASE IN APPROPRIATION / BOS APPROVED
* 003 = DECREASE ESTIMATED REVENUE * 012 = DECREASE IN APPROPRIATION / BOS APPROVED

S F X	TRANS CODE NO.*	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION <small>(50 CHARACTERS MAX.)</small>
1	002	083522	1760		100,567	FY 08/09 Bud Rev Incr Rev & Approp HLTH Insurance
2	002	083522	1942		318,088	FY 08/09 Bud Rev Incr Rev & Approp HLTH Insurance
3	002	083521	1942		81,345	FY 08/09 Bud Rev Incr Rev & Approp HLTH Insurance
4	011	083522	4104		500,000	FY 08/09 Bud Rev Incr Rev & Approp HLTH Insurance
5						
6						
7						
8						
9						
10						
11						
12						
13						Legistar 09-0939 07/21/09

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