

AUDITOR / CONTROLLER'S USE

BUDGET TRANSFER REQUEST # 1

EL DORADO COUNTY APPROPRIATION TRANSFER (20130 GOV. CODE)

TRANSFER # **29052**

DATE

CODE BY

HEALTH SERVICES

DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	133,200 - ✓
NUMBER OF LINES	5 ✓
TRANSACTION CODE TOTAL	47 ✓

DATE 01/02/09

DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER
[Signature] 1/2/09

PAGE 1 OF 1

COMPLETE THE INFORMATION BELOW, WITH JUSTIFICATION NARRATIVE OR ATTACH A MEMO REMOVE THE GOLD COPY AND SUBMIT COMPLETED REQUEST TO THE AUDITOR / CONTROLLER'S OFFICE.

A BUDGET TRANSFER REQUEST 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

TRANSFERS GOV. NO.	INDEX CODE NUMBER	REQUEST NUMBER	TRANSFERS GOV. NO.	AMOUNT	DESCRIPTION	(ADDITIONAL COMMENTS)
1	011	405280	4300	58440 -	FY0809 BUDGET REVISION - INC EST REV & EXP APPROP	
2	011	405280	7254	4060 -		
3	002	405280	1940	62500 -		
4	011	401111	4500	4060 -		
5	012	401111	7254	4060 -		
6						
7						
8						
9						
10						
11						
12						
13						

REVIEWED FOR FORM BY

SOE HARRN, C.P.A. AUDITOR / CONTROLLER

1-5-2009

11/6/09

CHIEF ADMINISTRATIVE OFFICE - ANALYST

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

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS

DATE

ATTEST: CLERK, BOARD OF SUPERVISORS

CHIEF ADMINISTRATIVE OFFICE

DATE

DISTRIBUTION: WHITE - BOS / YELLOW - AUDITOR / PINK - CHIEF ADMINISTRATIVE OFFICE / GOLD - DEPARTMENT