

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

# BUDGET TRANSFER REQUEST #1

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	30,000.00
NUMBER OF LINES	4
TRANSACTION CODE TOTAL*	35

Library

DEPARTMENT OR AGENCY NAME

10/13/2017

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      \* 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 (50 CHARACTERS MAX.)
1	002	602400	0880		15,000.00	FY17/18 Inc State Revenue
2	011	602400	4500		11,578.00	FY17/18 Inc Exp Spec Dept Exp
3	011	602400	4462		1,000.00	FY17/18 Inc Exp Minor Computer Equip
4	011	602400	7232		2,422.00	FY17/18 Inc Exp Facilities Construction Cost
5						
6						
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