

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

EL DORADO COUNTY APPROPRIATION TRANSFER (20130 GOV. CODE)

# BUDGET TRANSFER REQUEST # 1

Risk  
 DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	\$2,038,584
NUMBER OF LINES	4
TRANSACTION CODE TOTAL *	026

6/10/13  
 DATE

DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

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

LINE	TRANS CODE NO.	INDEX CODE NUMBER	BUDGET NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION	(20 CHARACTERS MAX)
1	002	083524	0001		509,646	FY 12/13 Bud Rev Ret Health Reimb Health Fund	
2	011	083524	7250		509,646	"	"
3	002	083522	7380		509,646	"	"
4	011	083522	4104		509,646	"	"
5							
6							
7							
8							
9							
10							
11							
12							
13							

REVIEWED FOR FORMAT BY

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

\_\_\_\_\_  
 JOE HARN, C.P.A. AUDITOR / CONTROLLER      DATE

\_\_\_\_\_  
 CHIEF ADMINISTRATIVE OFFICE - ANALYST      DATE

\_\_\_\_\_  
 CHIEF ADMINISTRATIVE OFFICE      DATE

\_\_\_\_\_  
 SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS      DATE

\_\_\_\_\_  
 ATTEST: CLERK, BOARD OF SUPERVISORS