

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

EL DORADO COUNTY APPROPRIATION TRANSFER (20130 GOV. CODE)
BUDGET TRANSFER REQUEST # 1

CAO/Risk
 DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	11,917,936
NUMBER OF LINES	3
TRANSACTION CODE TOTAL *	024

2/5/14
 DATE

[Signature]
Lambert Allen 2/6/14
 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

S.P.X.	TRANS CODE NO.	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION (80 CHARACTERS MAX)
1	002	083522	0001		5,958,968	Approp Health ReFund FY13/14
2	011	083522	3004		1,465,208	Approp Employee Health ReFund FY 13/14
3	011	083522	3040		4,493,760	Approp Employer Health ReFund FY 13/14
4						
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

[Signature] 2-6-14
 CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE

[Signature] 2-6-14
 CHIEF ADMINISTRATIVE OFFICE DATE

 SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS DATE

 ATTEST: CLERK, BOARD OF SUPERVISORS