

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

EL DORADO COUNTY APPROPRIATION TRANSFER ( 29130 GOV. CODE )

# BUDGET TRANSFER REQUEST #1

Health and Human Services Agency - Community Services

DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	182,000.00
NUMBER OF LINES	2
TRANSACTION CODE TOTAL*	013

11/12/14  
DATE

*[Signature]*  
DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

*[Signature]* x FILE

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	531510	0580		91,000	FY 14-15 Budget Rev: IHSS PA
2	011	531510	3000		91,000	FY 14-15 Budget Rev: IHSS PA
3						
4						
5						
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7						
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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