

BUDGET TRANSFER REQUEST #1

TO BE COMPLETED BY THE DEPARTMENT

DOCUMENT TOTAL	3,998.00
NUMBER OF LINES	12
TRANSACTION CODE TOTAL*	78

PAGE 1 OF 1

DATE: 4/8/2010

Library

DEPARTMENT OR AGENCY NAME

James Aron X 5546

DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

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

* 003 = DECREASE ESTIMATED REVENUE

* 011 = INCREASE IN APPROPRIATION / BOS APPROVED

* 012 = DECREASE IN APPROPRIATION / BOS APPROVED

10-0391
5/4/10 gwy

S F X	TRANS CODE NO.*	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION	(50 CHARACTERS MAX.)
1	002	602100	1943		193.00	FY09/10 Bud Rev Main donations for books	EL DORADO COUNTY
2	011	602100	4516		193.00	FY09/10 Bud Rev Main donations for books	2010 APR 21 AM 10:24
3	002	602200	1943		30.00	FY09/10 Bud Rev SLT donations for books	C.A.D.
4	011	602200	4516		30.00	FY09/10 Bud Rev SLT donations for books	
5	002	602300	1943		25.00	FY09/10 Bud Rev CP donations for books	
6	011	602300	4516		25.00	FY09/10 Bud Rev CP donations for books	
7	002	602300	1954		531.00	FY09/10 Bud Rev CP FOL donations for books	
8	011	602300	4516		531.00	FY09/10 Bud Rev CP FOL donations for books	
9	002	602600	1943		220.00	FY09/10 Bud Rev PP donations for books	
10	011	602600	4516		220.00	FY09/10 Bud Rev PP donations for books	
11	002	602600	1954		1,000.00	FY09/10 Bud Rev PP FOL donations for books	
12	011	602600	4516		1,000.00	FY09/10 Bud Rev PP FOL donations for books	AUDITOR
13							10 APR 21 AM 2:35

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

4-20-10

JOE HARN, C.P.A. AUDITOR / CONTROLLER

DATE

James Aron 4/21/10

CHIEF ADMINISTRATIVE OFFICE - ANALYST

DATE

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS

DATE

CHIEF ADMINISTRATIVE OFFICE

DATE

ATTEST: CLERK, BOARD OF SUPERVISORS

DATE