

BUDGET TRANSFER REQUEST #1

Human Services - Community Services Div

DEPARTMENT OR AGENCY NAME

James Nickon

x7275

DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

2/26/2010

DATE

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

* 003 = DECREASE ESTIMATED REVENUE

94
10-0230
4/6/10

S F X	TRANS CODE NO.*	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	011	530500	Various		319,825.00	FY 09-10 BUD REV - Medi-Cal Privacy and Compliance
2	002	530500	Various		319,825.00	FY 09-10 BUD REV - Medi-Cal Privacy and Compliance
3	011	530900	3000		323,056.00	FY 09-10 BUD REV - SS Allocation True-up
4	002	530900	Various		817,807.00	FY 09-10 BUD REV - SS Allocation True-up
5	003	Various	Various		494,751.00	FY 09-10 BUD REV - SS Allocation True-up
6						
7						
8						**** See Attached Interface ****
9						
10						
11						
12						
13						

AUDITOR-CONTROLLER
10 MAR -5 PM 12:25

REVIEWED FOR FORMAT BY

Joe Harn 4-1-10

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

C.A.O.
EL DORADO COUNTY
20 APR -2 11:24