

# BUDGET TRANSFER REQUEST #1

TRANSFER #	
DATE	
CODE BY	

DOCUMENT TOTAL	24,020.00
NUMBER OF LINES	2
TRANSACTION CODE TOTAL*	13

Library  
DEPARTMENT OR AGENCY NAME

9/30/2015  
DATE

*Jeanne Amos* 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

S F X	TRANS CODE NO.*	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	002	606100	1943		12,010.00	FY15/16 Bud Rev Museums Foundation donation
2	011	606100	7232		12,010.00	FY15/16 Bud Rev Museum Fencing Project
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						

REVIEWED FOR FORMAT BY \_\_\_\_\_ DATE \_\_\_\_\_  
JOE HARN, C.P.A. AUDITOR / CONTROLLER

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