

AUDITOR / CONTROLLER'S USE

EL DORADO COUNTY APPROPRIATION TRANSFER ( 29130 GOV. CODE )

TO BE COMPLETED BY THE DEPARTMENT

**BUDGET TRANSFER REQUEST #1**

DOCUMENT TOTAL	158,000.00
NUMBER OF LINES	4.00
TRANSACTION CODE TOTAL*	026

TRANSFER #	
DATE	
CODE BY	

Health and Human Services Agency -Community Services Div

DEPARTMENT OR AGENCY NAME

05/15/2013

DATE

*Gene Walker Conroy*

5/17/13

DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

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

\* 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	531510	0580		41,000.00	FY 12/13 BUDGET REV-IHSS PA MOE
2	011	531510	5000		41,000.00	FY 12/13 BUDGET REV-IHSS PA MOE
3	002	531520	0580		38,000.00	FY 12/13 BUDGET REV-IHSS PA MOE
4	011	531520	5000		38,000.00	FY 12/13 BUDGET REV-IHSS PA MOE
5						
6						
7						
8						
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