

EL DORADO COUNTY APPROPRIATION TRANSFER (29130 GOV. CODE)

BUDGET TRANSFER REQUEST #1

Human Services -Community Services Div

DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT

TRANSFER # _____ DOCUMENT TOTAL 26,678.00

DATE _____ NUMBER OF LINES 3.00

CODE BY _____ TRANSACTION CODE TOTAL* 024

3/7/2008 DATE PAGE 1 OF 1

x6163

DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

[Signature]

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	531231	1100		13,339.00	FY 07/08 Budget Rev - HUD CoC SHP	
2	011	531231	4262		5,925.00	FY 07/08 Budget Rev - HUD CoC SHP	
3	011	531231	4300		7,414.00	FY 07/08 Budget Rev - HUD CoC SHP	
4							
5							
6							
7							
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11							
12							
13							

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

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

CHIEF ADMINISTRATIVE OFFICE - ANALYST _____ DATE _____

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS _____ DATE _____

CHIEF ADMINISTRATIVE OFFICE _____

ATTEST: CLERK, BOARD OF SUPERVISORS _____

DISTRIBUTION: WHITE - BOS / YELLOW - AUDITOR / PINK - CHIEF ADMINISTRATIVE OFFICE / GOLD - DEPARTMENT

S:\APFORMS\BUDGET TRANSFER 1.XLS