

EL DORADO COUNTY APPROPRIATION TRANSFER (28130 GOV. CODE)  
**BUDGET TRANSFER REQUEST # 1**

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	
NUMBER OF LINES	
TRANSACTION CODE TOTAL *	

PUBLIC HEALTH  
 DEPARTMENT OR AGENCY NAME

06/08/09 DATE  
 J. Harn Signature  
 6/11/09 DATE  
 M. Alchodas Signature  
 DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

PAGE OF

COMPLETE THE INFORMATION BELOW, WITH JUSTIFICATION NARRATIVE OR ATTACH A MEMO.  
 REMOVE THE GOLD COPY AND SUBMIT COMPLETED REQUEST TO THE AUDITOR / CONTROLLER'S OFFICE.  
 A BUDGET TRANSFER REQUEST MUST BE AT LEAST TWO LINES, NOT EXCEED TWENTY SIX LINES, AND USE AN "ODD AND EVEN" NUMBERED TRANSACTION CODE \*  
 \* 002 = INCREASE ESTIMATED REVENUE \* 011 = INCREASE IN APPROPRIATION / BOS APPROVED  
 \* 003 = DECREASE ESTIMATED REVENUE \* 012 = DECREASE IN APPROPRIATION / BOS APPROVED

TRANS CODE NO.	INDEX CODE NUMBER	SUB-SUBJECT NUMBER	TRANSFER NUMBER	AMOUNT	DESCRIPTION	(# CHARACTERS MAX)
1	002	1686		29,000	FY 2008/2009 BUD R&V	
2	011	5321		2,000		
3	011	7259		21,000		
4	012	4500		33,000		
5	011	5310		5,000		
6	011	7259		28,000		
7	011	4300		53,000		
8	011	5301		2,000		
9	012	7389		55,000		
10						
11						
12						
13						

\* Increase to Ambulance Billing index  
 Code of Effect by CSA # 3 increase  
 of Revenue by most of decrease in 4500 for CSA # 7  
 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

REVIEWED FOR FORMAT BY

JOE HARN, C.P.A. AUDITOR / CONTROLLER DATE  
 CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE  
 CHIEF ADMINISTRATIVE OFFICE DATE  
 SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS DATE  
 ATTEST: CLERK, BOARD OF SUPERVISORS

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