

BUDGET TRANSFER REQUEST #1

TO BE COMPLETED BY THE DEPARTMENT

DOCUMENT TOTAL 72842
 NUMBER OF LINES 2
 TRANSACTION CODE TOTAL* 23

PAGE 1 OF 1

DEPARTMENT OR AGENCY NAME
Dept 15

DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER
Laura Schwartz

DATE
12-11-12

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	011	159150	5240		36,421	FY 12-13 TRPA	FY 11-12 Compact Pymt Inv 1798
2	012	151000	7700		36,421	↓	↓
3							
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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 12-11-12
 CHIEF ADMINISTRATIVE OFFICE - ANALYST Laura Schwartz DATE 12-11-12
 CHIEF ADMINISTRATIVE OFFICE

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS _____ DATE _____
 ATTEST: CLERK, BOARD OF SUPERVISORS _____