

AUDITOR / CONTROLLER'S USE

TRANSFER #

DATE

CODE BY

EL DORADO COUNTY APPROPRIATE TRANSFER (20130 GOV. CODE)

BUDGET TRANSFER REQUEST # 1

Public Health Dept. *[Signature]*

DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE AUDITOR

DOCUMENT TOTAL 20,000.00

NUMBER OF LINES 3

TRANSACTION CODE TOTAL * 24

DATE _____ DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER *[Signature]* 6191 PAGE 1 OF 1

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
 * 003 = DECREASE ESTIMATED REVENUE
 * 011 = INCREASE IN APPROPRIATION / BOS APPROVED
 * 012 = DECREASE IN APPROPRIATION / BOS APPROVED

LINE	TRANSFER COPY NUMBER	INDEX COPY NUMBER	SUB-COPY NUMBER	DATE COPY NUMBER	AMOUNT	DESCRIPTION (20 CHARACTER MAX)
1	002	401135	0687		10,000.00	Request to increase estimated
2	011	401135	3000		2,000.00	revenue and appropriation for the
3	011	401135	6040		8,000.00	purchase of freezer and water purifier
4						to assist in storing specimens for
5						Pandemic Flu. Also assisting in
6						funding planner for Alpine Co.
7						
8						
9						
10						
11						
12						
13						

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 _____ 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 _____

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

AUDITOR'S / CONTROLLER'S USE

TRANSFER #

DATE

CODE BY

EL DORADO COUNTY APPROPRIATION TRANSFER (20130 GOV. CODE)

BUDGET TRANSFER REQUEST # 1

PUBLIC HEALTH DEPT.

DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT

DOCUMENT TOTAL 118,600.00

NUMBER OF LINES 8

TRANSACTION CODE TOTAL * 81

02/13/07

DATE

John Baalig

DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

619

PAGE 1 OF 1

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TRANSFER #	INDEX / BOS NUMBER	SUB-DEPARTMENT NUMBER	AMOUNT	DESCRIPTION	(OR CHANGES ONLY)
1	002	401133	1200	Request to increase estimated revenue	
2	011	401133	3000	and appropriation for the HRSA	
3	012	401133	4201	Bioterrorism Hospital Preparedness	
4	011	401133	4300	Program. These funds are from Alpine Co.	
5	011	401133	4500	to assist in conducting planning and	
6	011	401133	7254	testing exercises as required for Alpine Co.	
7	011	401111	4500		
8	012	401111	7254		
9					
10					
11					
12					
13					

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REVIEWED FOR FORMAT BY

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

DATE

CHIEF ADMINISTRATIVE OFFICE - ANALYST

DATE

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS

DATE

CHIEF ADMINISTRATIVE OFFICE

DATE

ATTEST: CLERK, BOARD OF SUPERVISORS

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