

BUDGET TRANSFER REQUEST #1

HEALTH SERVICES-PUBLIC HEALTH

DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT

DOCUMENT TOTAL 220,000.00

NUMBER OF LINES 4

TRANSACTION CODE TOTAL * 36

PAGE | OF | 1

DATE: 06/29/10
 DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER: *Adela West x 6149*

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

got 10-0637
EX 09/10

S F X	TRANS CODE NO.*	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION	(50 CHARACTERS MAX.)
1	002	403430	2020		55,000.00	FY 2009/10 BUD REV CFMG-JUVENILE	
2	011	403430	4351		55,000.00	FY 2009/10 BUD REV CFMG-JUVENILE	
3	011	159210	7000		55,000.00	FY 2009/10 BUD REV CFMG-JUVENILE	
4	012	159210	7700 <input checked="" type="checkbox"/>		55,000.00	FY 2009/10 BUD REV CFMG-JUVENILE	
5							
6							
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11							
12							
13							

REVIEWED FOR FORMAT BY: *Joe Hark* 7-2-10
 JOE HARK, C.P.A. AUDITOR / CONTROLLER DATE: *7/6/10*
 CHIEF ADMINISTRATIVE OFFICE - ANALYST: *Joe Hark* 7/6/10
 CHIEF ADMINISTRATIVE OFFICE: *Joe Hark* 7/6/10
 CHIEF ADMINISTRATIVE OFFICE: *Joe Hark* 7/6/10
 SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS DATE: _____
 ATTEST: CLERK, BOARD OF SUPERVISORS 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