

BUDGET TRANSFER REQUEST # 1

AUDITOR / CONTROLLER'S USE	TRANSFER #	DATE	CODE BY
	29096	4/6/09	gn

DOCUMENT TOTAL	71,142.00
NUMBER OF LINES	3
TRANSACTION CODE TOTAL	024

PAGE 1 OF 1

PUBLIC HEALTH FY08/09
DEPARTMENT OR AGENCY NAME

Office 03/13/09 ONLY XFL TO BOS

3/13/09
DATE

DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

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

09-0941
3/31/09

TRANS CODE	INCREASE NUMBER	DECREASE NUMBER	AMOUNT	DESCRIPTION	(OR DEPARTMENT NAME)
011	405290	3000	33571-	FY08/09 RUD REV SMILE EL DORADO / HEALTH NET GRANT	
011	405290	4200	2000-		
022	405290	1940	33571-		
<p>AUDITOR - CONTROLLER</p> <p>08 APR - 3 AM 10:53</p>					
<p>REQUEST TO INCREASE REVENUE AND APPROPRIATION FOR THE SMILE EL DORADO / HEALTH NET GRANT. THIS GRANT WILL SUPPORT SERVICES FOR THE RURAL HEALTH DEMONSTRATION PROJECT (RHNP)</p>					

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 THIS COUNTY OF EL DORADO

3/13/09

DATE

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS

ATTEST: CLERK, BOARD OF SUPERVISORS

3/31/09

DATE

CHIEF ADMINISTRATIVE OFFICE