

AUDITOR / CONTROLLER'S USE

TRANSFER # 2010093

DATE

CODE BY

Health Services Dept/Public Health

DEPARTMENT OR AGENCY NAME

DATE 4/28/2010

PAGE 1 OF 1

DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

[Signature] 26199

COMPLETE THE INFORMATION BELOW WITH JUSTIFICATION NARRATIVE OR ATTACH A MEMO, AUDITOR-CONTROLLER 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 CODES

* 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	408220	4300		53,000.00	FY 2009/10 Bud Rev Ambulance Billing	
2	012	408220	7389		53,000.00		
3	011	408110	4300		60,000.00		
4	011	408110	5321		3,000.00		
5	011	408110	7259		11,000.00		
6	011	408110	7700		126,000.00		
7	002	408110	1686		200,000.00		
8	011	408210	4501		750,000.00		
9	011	408210	7259		42,000.00		
10	002	408210	1686		792,000.00		
11							
12							
13						Increase Ambulance Billing and offset by CSA3 & CSA7 increase in revenue	

REVIEWED FOR FORMAT BY Joe Harn DATE 5-10-10

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.R.A. AUDITOR/CONTROLLER DATE 5-10-10

CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE 5-10-10

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS _____ DATE _____

ATTEST: CLERK, BOARD OF SUPERVISORS _____

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

S:\APFORMS\BUDGET TRANSFER 1.XLS