AU	AUDITOR / CONTROLLER'S USE	USE	EL DORAD	O COUNTY APPROPR	O GOV. C	TO BE COMPLETED BY THE DEPARTMENT	Y THE DEPARTMENT
TRANSFER #	**		BUDG	ET TRANS	BUDGET TRANSFER REQUEST # 1	DOCUMENT TOTAL	16,812.00
DATE				Shrift	A CONTRACTOR OF THE CONTRACTOR	NUMBER OF LINES	6
CODE BY				DEPARTMENT	OR AGENCY NAME	TRANSACTION CODE	56
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	80-11-11		M	au h. P	www 5691		PAGE / OF /
Ī	DATE			DEPARTMENT AUT	DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER		
	A BUDGET TRANSFER	CO REMOVE REQUEST MUS	MPLETE THE II THE GOLD CO	NFORMATION BELOW, V PY AND SUBMIT COMP TWO LINES, NOT EXCE	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 *	H A MEMO. OLLER'S OFFICE. AND EVEN' NUMBERED TRANS.	ACTION CODE *
	* 002 =	DECREASE E	DECREASE ESTIMATED REVENUE	/ENUE	* 011 = INCREASE IN APPROPR	DECREASE IN APPROPRIATION / BOS APPROVED	
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REVIEWED			+		APPROVED AND SO ORDERED THAT THE ABOVE TRANSFERS BE MADE (AS REQUESTED OR	HE ABOVE TRANSFERS BE MA	DE (AS REQUESTED OR
ORMATBY					SUPERVISORS	OF THE COUNTY OF EL DORAD	Õ
	JOE HARN, C.P.A. AUDITOR / CONTROLLER	JDITOR / CONTR	ROLLER	DATE			
	CHIEF ADMINISTRATIVE OFFICE - ANALYST	IVE OFFICE - AN	VALYST	DATE	SIGNATURE: CHAIRMA	SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS	DATE
	CHIEF ADMINISTRATIVE OFFICE	TRATIVE OFFICE	M	DATE	ATTEST: CLERK, B	ATTEST: CLERK, BOARD OF SUPERVISORS	
	William I william	THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRE	i	F11111		the party of the p	

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