

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

EL DORADO COUNTY APPROPRIATION TRANSFER (29130 GOV. CODE)  
**BUDGET TRANSFER REQUEST # 1**

Public Health Dept.  
 DEPARTMENT OR AGENCY NAME  
 Cxm

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	316,886
NUMBER OF LINES	19
TRANSACTION CODE TOTAL *	211

12/19/2006  
 DATE

JB Bailey 12/19/06  
 DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

PAGE 1 OF 2

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

S H X	TRANS CODE NO.	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION (60 CHARACTERS MAX)
1	003	404141	1800		153,518	Reg to dec. est. rev. and approp. per mod approved by BOS on 8/15/06. CALWORKS
2	012	404141	3000		10,990	
3	011	404141	3005		120	
4	011	404141	3006		104	
5	012	404141	3020		3,430	
6	012	404141	3022		257	
7	011	404141	3040		1,444	
8	012	404141	3043		25	
9	012	404141	3080		160	
10	012	404141	4300		133,000	
11	012	404141	4500		7,923	
12	011	404141	4503		1,200	
13	012	404141	4529		20	

REVIEWED FOR FORMAT BY \_\_\_\_\_ DATE \_\_\_\_\_

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

CHIEF ADMINISTRATIVE OFFICE - ANALYST \_\_\_\_\_ DATE \_\_\_\_\_

CHIEF ADMINISTRATIVE OFFICE \_\_\_\_\_ 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

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS \_\_\_\_\_ DATE \_\_\_\_\_

ATTEST: CLERK, BOARD OF SUPERVISORS \_\_\_\_\_

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S E R I E S N O.	TRANS CODE NO.	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION (80 CHARACTERS MAX)
1	011	404141	4600		400	Req to dec. est. revs and approp. per MOU approved by BOS on 8/15/06. CAL WORKS
2	011	404141	4605		250	
3	011	404141	4606		88	
4	012	404141	7254		1,319	
5	011	401111	7254		1,319	↓
6	012	401111	4500		1,319	
7						
8						
9						
10						
11						
12						
13						

REVIEWED FOR  
 FORMAT BY

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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