

BUDGET TRANSFER REQUEST # 1

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

Public Health Dept. *PH*

DEPARTMENT OR AGENCY NAME

DOCUMENT TOTAL	38,176.00
NUMBER OF LINES	9
TRANSACTION CODE TOTAL*	84

TO BE COMPLETED BY THE DEPARTMENT

03/25/08

Joe Harn

PAGE 1 OF 1

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

* 011 = INCREASE IN APPROPRIATION / BOS APPROVED
 * 012 = DECREASE IN APPROPRIATION / BOS APPROVED

S F X	TRANS CODE NO. *	INDEX CODE NUMBER	SUBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION (80 CHARACTERS MAX)
1	002	404148	0691		1,264	FY07/08 Bud Rev - SACPA/OTR
2	011	404148	4324		1,404	
3	012	404148	7389		140	
4	011	404210	7289		140	
5	012	404210	4500		140	
6	011	404143	4324		8,772	
7	012	404143	7389		8,772	
8	002	404250	0691		8,772	
9	011	404250	7259		8,772	
10						
11						
12						
13						

Request to increase estimated Rev and appropriation for the SACPA and OTR Program due to supplemental increases from State APP

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.P.A. AUDITOR / CONTROLLER

CHIEF ADMINISTRATIVE OFFICE - ANALYST

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS

DATE

CHIEF ADMINISTRATIVE OFFICE

ATTEST: CLERK, BOARD OF SUPERVISORS

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