

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

EL DORADO COUNTY APPROPRIATION TRANSFER (29130 GOV. CODE)

BUDGET TRANSFER REQUEST #1

SHERIFF
DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	634,054
NUMBER OF LINES	9
TRANSACTION CODE TOTAL*	100

1/10/2012
DATE

Scott / Julie D...
DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

COMPLETE THE INFORMATION BELOW WITH JUSTIFICATION NARRATIVE OR ATTACH A MEMO.
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 CODE*
* 002 = INCREASE ESTIMATED REVENUE * 011 = INCREASE IN APPROPRIATION / BOS APPROVED
* 003 = DECREASE ESTIMATED REVENUE * 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	244167	3000	24HSG11	15,851	MOVE BUD APPROP FOR FY 2011 HSG FROM MINOR EQUIP
2	011	244167	3002	24HSG11	7,500	MOVE BUD APPROP FOR FY 2011 HSG FROM MINOR EQUIP
3	011	244167	4462	24HSG11	30,000	MOVE BUD APPROP FOR FY 2011 HSG FROM MINOR EQUIP
4	011	244167	4463	24HSG11	75,000	MOVE BUD APPROP FOR FY 2011 HSG FROM MINOR EQUIP
5	011	244167	4529	24HSG11	128,176	MOVE BUD APPROP FOR FY 2011 HSG FROM MINOR EQUIP
6	011	244167	4600	24HSG11	7,500	MOVE BUD APPROP FOR FY 2011 HSG FROM MINOR EQUIP
7	011	244167	5240	24HSG11	13,000	MOVE BUD APPROP FOR FY 2011 HSG FROM MINOR EQUIP
8	011	244167	6040	24HSG11	40,000	MOVE BUD APPROP FOR FY 2011 HSG FROM MINOR EQUIP
9	012	244167	4461	24HSG11	317,027	MOVE BUD APPROP FOR FY 2011 HSG TO VARIOUS
10						
11						
12						
13						

REVIEWED
FOR
FORMAT BY

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

CHIEF ADMINISTRATIVE OFFICE - ANALYST _____ DATE _____

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS _____ DATE _____

CHIEF ADMINISTRATIVE OFFICE _____ DATE _____

ATTEST: CLERK, BOARD OF SUPERVISORS _____