

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	2,167,168.00
NUMBER OF LINES	12.00
TRANSACTION CODE TOTAL*	054

BUDGET TRANSFER REQUEST #1

Human Services -Community Services Div

TRANSFER #	
DATE	
CODE BY	I

DEPARTMENT OR AGENCY NAME
 DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

DATE
 6/4/2009

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
 * 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	002	7776520	0001		423,823.00	FY 08/09 Budget Rev - SS Budget Adjustments Client Assistance	
2	003	7776520	0400		51,184.00	FY 08/09 Budget Rev - SS Budget Adjustments Client Assistance	
3	002	7776520	0606		6,201.00	FY 08/09 Budget Rev - SS Budget Adjustments Client Assistance	
4	011	7776520	7000		378,840.00	FY 08/09 Budget Rev - SS Budget Adjustments Client Assistance	
5	003	530200	2020		51,184.00	FY 08/09 Budget Rev - SS Budget Adjustments Client Assistance	
6	003	530200	2021		21,236.00	FY 08/09 Budget Rev - SS Budget Adjustments Client Assistance	
7	002	530200	2027		220,120.00	FY 08/09 Budget Rev - SS Budget Adjustments Client Assistance	
8	002	530400	0603		85,400.00	FY 08/09 Budget Rev - SS Budget Adjustments Client Assistance	
9	002	530400	1023		116,900.00	FY 08/09 Budget Rev - SS Budget Adjustments Client Assistance	
10	011	530400	5017		350,000.00	FY 08/09 Budget Rev - SS Budget Adjustments Client Assistance	
11	011	530910	5000		231,140.00	FY 08/09 Budget Rev - SS Budget Adjustments Client Assistance	
12	002	530910	2027		231,140.00	FY 08/09 Budget Rev - SS Budget Adjustments Client Assistance	
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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 DATE

CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE

CHIEF ADMINISTRATIVE OFFICE DATE

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS DATE

ATTEST: CLERK, BOARD OF SUPERVISORS