

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

BUDGET TRANSFER REQUEST #1

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	155,822.20
NUMBER OF LINES	10
TRANSACTION CODE TOTAL*	65

District Attorney /Dept 15
DEPARTMENT OR AGENCY NAME

08/14/2013
DATE

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	002	220800	2020		10,734.95	FY 12/13 RE Fraud expenditures incurred - Funds available
2	011	220800	3000		10,734.95	FY 12/13 RE Fraud expenditures incurred - Funds available
3	002	7722362	1600		10,734.95	FY 12/13 RE Fraud expenditures incurred - Funds available
4	011	7722362	7000		10,734.95	FY 12/13 RE Fraud expenditures incurred - Funds available
5	002	220800	2020		3,220.60	FY 12/13 Frclsr Crisis expenditures incurred - Funds available
6	011	220800	3001		3,220.60	FY 12/13 Frclsr Crisis expenditures incurred - Funds available
7	002	7722327	0001		3,220.60	FY 12/13 Frclsr Crisis expenditures incurred - Funds available
8	011	7722327	7000		3,220.60	FY 12/13 Frclsr Crisis expenditures incurred - Funds available
9	011	220210	3004		50,000.00	FY 12/13 Inc due to retirement payout, GF contingency
10	012	151000	7700		50,000.00	FY 12/13 Inc DA due to retirement payout
11						
14						
15						
16						

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 _____