

# BUDGET TRANSFER REQUEST #1

Human Resources/Risk Mgmt Division

DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT

DOCUMENT TOTAL 3,284,668

NUMBER OF LINES 2

TRANSACTION CODE TOTAL\* 013

10/26/2010

DATE

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 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	083524	001		1,642,334.00	FY10/11 Bud Rev Recognize Use of Ret Health Fund
2	011	083524	4536		1,642,334.00	FY10/11 Bud Rev Inc in Retirement Benefit
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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