

TRANSFER #	
DATE	
CODE BY	

BUDGET TRANSFER REQUEST #1

DOCUMENT TOTAL	6,176,092.00
NUMBER OF LINES	4
TRANSACTION CODE TOTAL*	22

HHSA -Human Services Dept
DEPARTMENT OR AGENCY NAME

06/07/2013
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
* 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	7777110	0880		1,544,023.00	FY 12/13 BUD REV - 2011 REALIGNMENT
2	011	7777110	7000		1,544,023.00	FY 12/13 BUD REV - 2011 REALIGNMENT
3	002	530400	2020		1,544,023.00	FY 12/13 BUD REV - 2011 REALIGNMENT
4	011	530400	5017		1,544,023.00	FY 12/13 BUD REV - 2011 REALIGNMENT
5						
6						
7						
8						
9					3,088,046.00	
10					3,088,046.00	
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 _____