

AUDITOR / CONTROLLER'S USE

TRANSFER #

DATE

CODE BY

5/4/2010

BUDGET TRANSFER REQUEST #1

District Attorney

DEPARTMENT OR AGENCY NAME

[Signature]
Fulgentes

DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	24,118.00
NUMBER OF LINES	2
TRANSACTION CODE TOTAL*	013

PAGE 1 OF 1

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	220210	1200		12,059.00	FY 10/11 BUD REV JAG GRANT 2008
2	011	220210	6042		12,059.00	FY 10/11 BUD REV JAG GRANT 2008
3						
4						
5						
6						
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8						
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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