

AUDITOR / CONTROLLER'S USE		TO BE COMPLETED BY THE DEPARTMENT	
TRANSFER #		DOCUMENT TOTAL	3,000,000
DATE		NUMBER OF LINES	2
CODE BY		TRANSACTION CODE TOTAL*	013

EL DORADO COUNTY APPROPRIATION TRANSFER (29130 GOV. CODE)

BUDGET TRANSFER REQUEST #1

Human Resources/Risk Mgmt Division

DEPARTMENT OR AGENCY NAME

DATE: 5/24/2010

SIGNATURE: 

DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

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	083522	0001		700,000.00	FY09/10 Bud Rev Recognize Use of Health Fund	
2	011	083522	4104		700,000.00	FY09/10 Bud Rev Inc Health Claims	
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							

REVIEWED FOR FORMAT BY

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

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS

DATE

CHIEF ADMINISTRATIVE OFFICE - ANALYST

DATE

CHIEF ADMINISTRATIVE OFFICE

DATE

ATTEST: CLERK, BOARD OF SUPERVISORS

DATE

DISTRIBUTION: WHITE - BOS / YELLOW - AUDITOR / PINK - CHIEF ADMINISTRATIVE OFFICE / GOLD - DEPARTMENT

S:\APFORMS\BUDGET TRANSFER 1.XLS