

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

# BUDGET TRANSFER REQUEST #1

**HSA Public Health Department**

DEPARTMENT OR AGENCY NAME

DOCUMENT TOTAL	-
NUMBER OF LINES	0
TRANSACTION CODE TOTAL*	0

4/29/2020  
DATE

*[Signature]*  
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	D/C	ORG CODE	GL PROJ	SUB OBJECT NUMBER	PL STRING	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	C	5440460		1200	BUDGET SUMMARY	(521,873)	FY 19-20 Inc Other Gov Agencies Revenue
2	D	5440460		4500	BUDGET SUMMARY	64,399	FY 19-20 Inc Special Dept Exp
3	D	5440460		5009	BUDGET SUMMARY	75,000	FY 19-20 Inc Housing
4	D	5440460		3000	BUDGET SUMMARY	212,193	FY 19-20 Inc Salary
5	D	5440460		4300	BUDGET SUMMARY	92,000	FY 19-20 Inc Professional Services
6	D	5440460		5000	BUDGET SUMMARY	78,281	FY 19-20 Inc Support & Care of Persons
7							
8							
9							<del>20-0628</del> Legistar 20- <del>0000</del> 20-0628 5/19/2020
10							
11							
12							
13							

REVIEWED FOR FORMAT BY

JOE HARN, C.P.A. AUDITOR / CONTRC  
*[Signature]* DATE 5/7/2020  
CHIEF ADMINISTRATIVE OFFICE - AN/

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

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS DATE

CHIEF ADMINISTRATIVE OFFICE DATE

ATTEST: CLERK, BOARD OF SUPERVISORS GAO MAY 5 '20 PM 3:29