

TRANSFER #	2016104
DATE	
CODE BY	

# BUDGET TRANSFER REQUEST #1

DOCUMENT TOTAL	13,817,494
NUMBER OF LINES	030
TRANSACTION CODE TOTAL*	216

Health and Human Services Agency

DEPARTMENT OR AGENCY NAME

5/26/2016

DATE

*[Signature]*  
5/31/16  
DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

*[Signature]*  
6/1/16  
61-116

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

*any*

S F X	TRANS CODE NO.*	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1						SEE ATTACHED JI (BT_HHSA01042016_1991 REALIGN) FOR DETAIL
2						
3						
4						
5						
6						
7						
8						<i>Legistar # 16-0423</i>
9						<i>6/14/16 Agenda</i>
10						
11						
12						

REVIEWED FOR FORMAT BY

*[Signature]* 6-18-16  
 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

*[Signature]* 6/3/16  
 CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE

*[Signature]* 6/14/16  
 SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS DATE

*[Signature]* 6-3-16  
 CHIEF ADMINISTRATIVE OFFICE DATE

*[Signature]*  
 ATTEST: CLERK, BOARD OF SUPERVISORS

AUDITOR-CONTROLLER  
 JUN - 6 AM 8:26

