

# BUDGET TRANSFER REQUEST #1

DISTRICT ATTORNEY

DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	100,000.00
NUMBER OF LINES	84
TRANSACTION CODE TOTAL*	8026

8/2/2010

DATE

*[Signature]*

DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

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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	220230	2020		25,000.00	FY 10/11 BUD REV AUTO FRAUD
2	011	151000	7700		25,000.00	
3	002	7722331	0885		25,000.00	
4	011	7722331	7000		25,000.00	
5						
6						
7						
8						
9						
10						
11						
12						
13						

REVIEWED FOR FORMAT BY 10-1071 B 1 of 1

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 \_\_\_\_\_ DATE \_\_\_\_\_

CHIEF ADMINISTRATIVE OFFICE - ANALYST \_\_\_\_\_ DATE \_\_\_\_\_

CHIEF ADMINISTRATIVE OFFICE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS \_\_\_\_\_ DATE \_\_\_\_\_

ATTEST: CLERK, BOARD OF SUPERVISORS \_\_\_\_\_

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