AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

EL DORADO COUNTY APPROPRIATION TRANSFER (29130 GOV. CODE)

BUDGET TRANSFER REQUEST #1

Human Services Department

DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	624,170.00
NUMBER OF LINES	3
TRANSACTION CODE TOTAL*	15

DATE

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

SFX	TRANS CODE NO.*	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	003	see IF	see IF		301,040.00	FY 08-09 Budget Rev - Senior Day Care/ADCRC Reduction
2	012	see IF	see IF		301,040.00	FY 08-09 Budget Rev - Senior Day Care/ADCRC Reduction
3	012	531421	7260		11,045.00	FY 08-09 Budget Rev - Senior Day Care/ADCRC Reduction
4	011	531160	7390		11,045.00	FY 08-09 Budget Rev - Senior Day Care/ADCRC Reduction
5						
6						
7						
8						
9						
10						
11						
12						
13						

REVIEWED FOR FORMAT BY

JOE HARN, C.P.A. AUDITOR / CONTROLLER DATE

CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE

CHIEF ADMINISTRATIVE OFFICE 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: CHAIRMAN, BOARD OF SUPERVISORS DATE

ATTEST: CLERK, BOARD OF SUPERVISORS

S:\APFORMS\BUDGET TRANSFER 1.XLS

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