

BUDGET TRANSFER REQUEST #1

Health & Human Services Agency, HSD, Public Health

DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT

DOCUMENT TOTAL 1,758,462

NUMBER OF LINES 6

TRANSACTION CODE TOTAL* 30

PAGE 1 OF 1

DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

Glaura Schwab

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	7777005	0680	77HHSK	293,077	FY 11/12 BUD REV RLMT 2011 DRUG MEDI-CAL SUBACCOUNT	
2	011	7777005	7000	77HHSK	293,077	FY 11/12 BUD REV RLMT 2011 DRUG MEDI-CAL SUBACCOUNT	
3	002	404134	1107		76,691	FY 11/12 BUD REV RLMT 2011 DRUG MEDI-CAL FFP	
4	002	404134	1108		216,386	FY 11/12 BUD REV RLMT 2011 PERI DRUG MEDI-CAL FFP	
5	002	404134	2026		293,077	FY 11/12 BUD REV RLMT 2011 DRUG MEDI-CAL SUBACCOUNT	
6	011	404134	4324		586,154	FY 11/12 BUD REV RLMT 2011 DRUG MEDI-CAL SUBACCOUNT	
7							
8							
9							
10							
11							
12							
13							

REVIEWED FOR FORMAT BY

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

CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE

Glaura Schwab 12/15/11

CHIEF ADMINISTRATIVE OFFICE DATE

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS DATE

ATTEST: CLERK, BOARD OF SUPERVISORS

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