

AUDITOR / CONTROLLER'S USE

EL DORADO COUNTY APPROPRIATION TRANSFER (28130 GOV. CODE)

TO BE COMPLETED BY THE DEPARTMENT

# BUDGET TRANSFER REQUEST # 1

DOCUMENT TOTAL

418,216

*Sheriff*

NUMBER OF LINES

13

DEPARTMENT OR AGENCY NAME

TRANSACTION CODE

134

TOTAL \*

134

134

3-7-2008

DATE

*Mary M. Preece*

DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

PAGE 1 OF 1

COMPLETE THE INFORMATION BELOW, WITH JUSTIFICATION NARRATIVE OR ATTACH A MEMO.  
 REMOVE THE GOLD COPY AND SUBMIT COMPLETED REQUEST TO THE AUDITOR / CONTROLLER'S OFFICE.  
 A BUDGET TRANSFER REQUEST 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

TRANS NO.	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION (80 CHARACTERS MAX)
1	001	244125	0880	209,108	CAL-MMET FY0708 Grant BOARD
2	011	244125	3000	35,988	Salary @ 51% of 1.0 FTE CAL-MMET
3	011	244125	3020	6,910	Pers @ 51% of 1.0 FTE CAL-MMET
4	011	244125	3022	304	Medicare @ 51% of 1.0 FTE CAL-MMET
5	011	244125	3040	2,832	Health @ 51% of 1.0 FTE CAL-MMET
6	011	244125	3060	1,038	Work Comp @ 51% of 1.0 FTE CAL-MMET
7	011	244125	4100	413	Liability Ins @ 51% of 1.0 FTE CAL-MMET
8	011	244125	3080	915	Flex benefit @ 51% of 1.0 FTE CAL-MMET
9	011	244125	4605	16,800	Vehicle lease, CAL-MMET 0708
10	011	244125	4440	27,380	Bldg lease CAL-MMET 0708
11	011	244125	4461	2,286	Minor equipment CAL-MMET 0708
12	011	244125	6040	62,239	FIXED ASSETS CAL-MMET 0708
13	011	244125	4500	52,003	Admin ASST @ 75% CAL-MMET 0708

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

REVIEWED FOR FORMAT BY: 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