

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

EL DORADO COUNTY APPROPRIATION TRANSFER ( 29130 GOV. CODE )

# BUDGET TRANSFER REQUEST #1

Human Services -Community Services Div

DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	5,040.00
NUMBER OF LINES	2.00
TRANSACTION CODE TOTAL*	013

1/26/2009  
DATE

*James Walter Conner*  
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 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      \* 011 = INCREASE IN APPROPRIATION / BOS APPROVED  
 \* 003 = DECREASE ESTIMATED REVENUE      \* 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	531160	1940		2,520.00	FY 08/09 Budget Rev - Marshall Foundation Grant
2	011	531160	4501		2,520.00	FY 08/09 Budget Rev - Marshall Foundation Grant
3						
4						
5						
6						
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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

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

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

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

