

BUDGET TRANSFER REQUEST # 1

TRANSFER #	
DATE	
CODE BY	

DOCUMENT TOTAL	120,000
NUMBER OF LINES	4
TRANSACTION CODE TOTAL *	26

Sheriff
DEPARTMENT OR AGENCY NAME

8/7/07
DATE

Marcy M. Puma
DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

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
- * 011 = INCREASE IN APPROPRIATION / BOS APPROVED
- * 003 = DECREASE ESTIMATED REVENUE
- * 012 = DECREASE IN APPROPRIATION / BOS APPROVED

S E R I A L N O.	TRANS CODE NO.	INDEX CODE NUMBER	SUBJECT NUMBER	FUND CODE NUMBER	AMOUNT	DESCRIPTION (60 CHARACTERS MAX)
1	002	243600	2020		30,000	Fy 07/08 Bud Rev MCK Phone Systems
2	011	243600	6042		30,000	Fy 07/08 Bud Rev MCK Phone Systems
3	002	7724303	0001		30,000	Fy 07/08 Bud Rev MCK Phone Systems
4	011	7724303	7000		30,000	Fy 07/08 Bud Rev MCK Phone Systems
5						
6						
7						
8						
9						
10						
11						
12						
13						

REVIEWED FOR FORMAT BY

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