

**AUDITOR / CONTROLLER'S USE**

TRANSFER #

DATE

CODE BY

EL DORADO COUNTY APPROPRIATION TRANSFER (28130 GOV. CODE)

# BUDGET TRANSFER REQUEST # 1

PUBLIC HEALTH - FY08109

DEPARTMENT OR AGENCY NAME

**TO BE COMPLETED BY THE DEPARTMENT**

DOCUMENT TOTAL 71142-

NUMBER OF LINES 3

TRANSACTION CODE TOTAL 024

DATE 04/21/09

DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER  
*Michael West* x6149

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 CODE NO.	INDEX CODE NUMBER	SELF-DEBIT NUMBER	GENERAL CODE NUMBER	AMOUNT	DESCRIPTION	(AS SHOWN ON BUDGET)
011	405200	3000		33571-	FY08109 BUD REV SMILE EL DORADO HEALTH NET GRANT	
011	405200	4200		2000-		
002	405200	1940		35571-		

Request to increase revenue and appropriation for the smile El Dorado / Health Net Grant. This grant will support services for the rural health demonstration project (RHDP)

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

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

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