

BUDGET TRANSFER REQUEST # 1

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|----------------------------|--|
| AUDITOR / CONTROLLER'S USE | |
| TRANSFER # | |
| DATE | |
| CODE BY | |

Public Health
DEPARTMENT OR AGENCY NAME

01/23/08
DATE

J. Bailey
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 CODE NO. | INDEX CODE NUMBER | SUBJECT NUMBER | USER CODE NUMBER | AMOUNT | DESCRIPTION (90 CHARACTERS MAX) |
|----------------|-------------------|----------------|------------------|--------|--|
| 1 | | | | | FY07/08 Bud Rev FT20 Trans FT11 |
| 2 | | | | | Request to increase estimated revenue and appropriation with Fund Balance and to transfer with Equity Transfer out of FT20 and Equity Transfer In to FT11 Dept 40. |
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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

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS

DATE

CHIEF ADMINISTRATIVE OFFICE DATE

ATTEST: CLERK, BOARD OF SUPERVISORS

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