

BUDGET TRANSFER REQUEST #1

Human Services -Community Services Div

DEPARTMENT OR AGENCY NAME

AUDITOR / CONTROLLER'S USE

TRANSFER #

DATE

CODE BY

5/6/2008

DATE

DJE 6163

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

* 003 = DECREASE ESTIMATED REVENUE

* 011 = INCREASE IN APPROPRIATION / BOS APPROVED

* 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	531210	1100		350,108.00	FY 07/08 Budget Rev - HUD Housing Choice Voucher Program	
2	011	531210	5009		308,108.00	FY 07/08 Budget Rev - HUD Housing Choice Voucher Program	
3	011	531210	5330		42,000.00	FY 07/08 Budget Rev - HUD Housing Choice Voucher Program	
4	002	531022	1830		42,000.00	FY 07/08 Budget Rev - HUD Housing Choice Voucher Program	
5	011	531022	3001		42,000.00	FY 07/08 Budget Rev - HUD Housing Choice Voucher Program	
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

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS

DATE

CHIEF ADMINISTRATIVE OFFICE

DATE

ATTEST: CLERK, BOARD OF SUPERVISORS