

BUDGET TRANSFER REQUEST #1

DISTRICT ATTORNEY

DEPARTMENT OR AGENCY NAME

2/16/2011

DATE

PAGE 1 OF 1

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	17243.52
NUMBER OF LINES	4
TRANSACTION CODE TOTAL*	26

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	7722331	2020		6,853.91	BUD REV AUTO FRAUD FINDING 1 FY 09/10	
2	011	220230	7000		6,853.91	BUD REV AUTO FRAUD FINDING 1 FY 09/10	
3	002	7722341	2020		1,767.85	BUD REV WORKERS COMP FINDING 1 FY 09/10	
4	011	220250	7000		1,767.85	BUD REV WORKERS COMP FINDING 1 FY 09/10	
5							
6							
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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