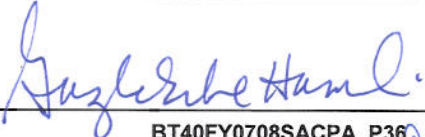
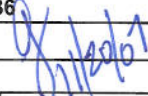


**BUDGET TRANSFER INTERFACE**

**Fiscal Period: 07/08**

<b>Department Name:</b> PUBLIC HEALTH	<b>Record:</b>		
<b>Date:</b> 11/20/07	Number	Interfaced By	Batch Date
<b>Prepared By:</b> Pamela Kope	<b>Copy:</b>		
<b>Contact Phone (ext):</b> 6227	Copied By	Copy Date	
<b>Authorized By:</b> 	<b>Scan:</b>		
	Scanned By	Scan Date	
<b>File Name:</b> BT40FY0708SACPA_P36	<b>Audit:</b>		
<b>Document Total:</b> 874,530.00 	Audited By	Audit Date	

Line Num	Trans Code	Index Code	Sub - Object	User Code	DR Amount	CR Amount	DESCRIPTION (UP TO 50 CHARACTERS)
1	002	404250	0691			166,549.00	FY07/08 BUD REV SACPA-P36 GRANT
2	002	404250	0400			22,175.00	FY07/08 BUD REV SACPA-P36 GRANT
3	011	404250	7259		215,809.00		FY07/08 BUD REV SACPA-P36 GRANT
4	012	404250	4500			27,085.00	FY07/08 BUD REV SACPA-P36 GRANT
5	012	404143	7389			215,809.00	FY07/08 BUD REV SACPA-P36 GRANT
6	011	404143	3000		38,481.00		FY07/08 BUD REV SACPA-P36 GRANT
7	011	404143	3005		312.00		FY07/08 BUD REV SACPA-P36 GRANT
8	011	404143	3006		270.00		FY07/08 BUD REV SACPA-P36 GRANT
9	011	404143	3020		7,469.00		FY07/08 BUD REV SACPA-P36 GRANT
10	011	404143	3022		566.00		FY07/08 BUD REV SACPA-P36 GRANT
11	011	404143	3040		6,771.00		FY07/08 BUD REV SACPA-P36 GRANT
12	011	404143	3041		249.00		FY07/08 BUD REV SACPA-P36 GRANT
13	011	404143	3042		139.00		FY07/08 BUD REV SACPA-P36 GRANT
14	011	404143	3043		20.00		FY07/08 BUD REV SACPA-P36 GRANT
15	011	404143	3046		1,491.00		FY07/08 BUD REV SACPA-P36 GRANT
16	011	404143	3060		700.00		FY07/08 BUD REV SACPA-P36 GRANT
17	011	404143	3080		50.00		FY07/08 BUD REV SACPA-P36 GRANT
18	011	404143	4040		300.00		FY07/08 BUD REV SACPA-P36 GRANT
19	011	404143	4041		100.00		FY07/08 BUD REV SACPA-P36 GRANT
20	011	404143	4085		300.00		FY07/08 BUD REV SACPA-P36 GRANT
21	011	404143	4100		604.00		FY07/08 BUD REV SACPA-P36 GRANT
22	011	404143	4264		500.00		FY07/08 BUD REV SACPA-P36 GRANT
23	011	404143	4300		115,000.00		FY07/08 BUD REV SACPA-P36 GRANT
24	011	404143	4461		500.00		FY07/08 BUD REV SACPA-P36 GRANT
25	011	404143	4500		2,231.00		FY07/08 BUD REV SACPA-P36 GRANT
26	011	404143	4502		1,000.00		FY07/08 BUD REV SACPA-P36 GRANT
27	011	404143	4503		500.00		FY07/08 BUD REV SACPA-P36 GRANT
28	011	404143	4506		300.00		FY07/08 BUD REV SACPA-P36 GRANT
29	011	404143	4529		160.00		FY07/08 BUD REV SACPA-P36 GRANT
30	011	404143	4620		1,200.00		FY07/08 BUD REV SACPA-P36 GRANT
31	011	404143	5011		2,500.00		FY07/08 BUD REV SACPA-P36 GRANT
32	011	404143	5013		2,000.00		FY07/08 BUD REV SACPA-P36 GRANT
33	011	404143	5300		25,000.00		FY07/08 BUD REV SACPA-P36 GRANT
34	011	404143	5301		320.00		FY07/08 BUD REV SACPA-P36 GRANT
35	011	404143	5304		43.00		FY07/08 BUD REV SACPA-P36 GRANT
36	011	404143	5305		46.00		FY07/08 BUD REV SACPA-P36 GRANT
37	011	404143	5308		306.00		FY07/08 BUD REV SACPA-P36 GRANT
38	011	404143	5320		734.00		FY07/08 BUD REV SACPA-P36 GRANT
39	011	404143	7254		5,647.00		FY07/08 BUD REV SACPA-P36 GRANT
40	011	401111	4500		5,647.00		
41	012	401111	7384			5,647.00	
<b>Totals</b>					<b>437,265.00</b>	<b>437,265.00</b>	(If you need more lines, insert additional rows.)

# BUDGET TRANSFER REQUEST #1

TO BE COMPLETED BY THE DEPARTMENT	863,236
DOCUMENT TOTAL	39
NUMBER OF LINES	413
TRANSACTION CODE TOTAL*	

Public Health Department

DEPARTMENT OR AGENCY NAME

*[Signature]*

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

DATE

DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

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.)
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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

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

**BUDGET TRANSFER REQUEST #1**

Public Health Department

DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	863,236
NUMBER OF LINES	39
TRANSACTION CODE TOTAL*	413

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

DATE: \_\_\_\_\_

DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER: \_\_\_\_\_

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REVIEWED FOR FORMAT BY: \_\_\_\_\_

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JOE HARN, C.P.A. AUDITOR / CONTROLLER \_\_\_\_\_ DATE: \_\_\_\_\_

CHIEF ADMINISTRATIVE OFFICE - ANALYST \_\_\_\_\_ DATE: \_\_\_\_\_

CHIEF ADMINISTRATIVE OFFICE \_\_\_\_\_ DATE: \_\_\_\_\_

CHIEF ADMINISTRATIVE OFFICE - ANALYST \_\_\_\_\_ DATE: \_\_\_\_\_

CHIEF ADMINISTRATIVE OFFICE \_\_\_\_\_ DATE: \_\_\_\_\_

ATTEST: CLERK, BOARD OF SUPERVISORS \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS \_\_\_\_\_ DATE: \_\_\_\_\_

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

# BUDGET TRANSFER REQUEST #1

TO BE COMPLETED BY THE DEPARTMENT	863,236
DOCUMENT TOTAL	39
NUMBER OF LINES	413
TRANSACTION CODE TOTAL*	

Public Health Department  
DEPARTMENT OR AGENCY NAME

DATE

DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

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38	011	404143	5320		734	FY 07/08 Bud Rev SACPA-P36 Grant	
39	011	404143	7254		5,647	FY 07/08 Bud Rev SACPA-P36 Grant	

REVIEWED 011 40111 4500  
FOR 40111 7384  
FORMAT BY 012  
DATE 5/647  
DATE 5/647

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

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS \_\_\_\_\_ DATE \_\_\_\_\_

DATE

ATTEST: CLERK, BOARD OF SUPERVISORS \_\_\_\_\_

DATE

CHIEF ADMINISTRATIVE OFFICE

DATE