

AUDITOR / CONTROLLER'S USE

TRANSFER #

DATE

CODE BY

EL DORADO COUNTY APPROPRIATION TRANSFER (20130 GOV. CODE)

**BUDGET TRANSFER REQUEST # 1**

DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT

DOCUMENT TOTAL	11,772.00
NUMBER OF LINES	28
TRANSACTION CODE	123 418
TOTAL *	

DATE

DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

PAGE 1 OF 2

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	(60 CHARACTERS MAX)
1	011	402121	3000	36.00	FY 07/08 Bud Rev	ces Admin
2	012	402120	4529	140.00		
3	012	402121	4600	285.00		Replace with new Bud Tran Req #1
4	011	402121	7254	2,532.00		
5	011	401111	4500	2,532.00		
6	012	401111	7384	2,532.00		
7	003	402121	0640	184.00		Request to increase appropriations
8	002	402121	0688	698.00		in ces-Admin to align county
9	002	402121	1100	332.00		approved budget w/ state approved
10	002	402121	1107	896.00		budget for certification
11	002	402121	2020	200.00		
12	002	402121	2027	201.00		
13	002	7776530	0606	200.00		

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

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
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EL DORADO COUNTY APPROPRIATION TRANSFER (20130 GOV. CODE)  
**BUDGET TRANSFER REQUEST # 1**

*Public Health*  
 DEPARTMENT OR AGENCY NAME

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

DATE

DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

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TRANS F X	CODE NO.	INDEX NUMBER	SUB OBJECT NUMBER	USER NUMBER	AMOUNT	DESCRIPTION (60 CHARACTERS MAX)
1	011	7776530	7000		200.00	
2	<del>012</del>	<del>451000</del>	<del>7000</del>		<del>200.00</del>	
3	011	159210	7000		200.00	
4	003	7776520	0606		201.00	
5	002	7776520	0400		201.00	
6						
7						
8						
9						
10						
11						
12						
13						

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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