

AUDITOR / CONTROLLER'S USE	
TRANSFER #	TR2019131
DATE	
CODE BY	

EL DORADO COUNTY APPROPRIATION TRANSFER (29130 GOV. CODE)
BUDGET TRANSFER REQUEST #1
 HSA - Public Health
 DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	400,000 -
NUMBER OF LINES	0
TRANSACTION CODE TOTAL*	0

5/17/2019
 DATE

[Signature]
 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 * 011 = INCREASE IN APPROPRIATION / BOS APPROVED
 * 003 = DECREASE ESTIMATED REVENUE * 012 = DECREASE IN APPROPRIATION / BOS APPROVED

② 9/8
CCS PRG

S F X	D/C	ORG CODE	GL PROJ	SUB OBJECT NUMBER	PL STRING	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	C	5430300		2020	54CBNCCSDG-54220-50300	(100,000)	FY 18-19 CCS DX Inc Operating Trf In ✓
2	D	5430300		5000	54CBNCCSDG-54OPEX-50300-WS	100,000	FY 18-19 CCS DX Inc Supp and Care of Persons ✓
3	D	5440460		2020	54CMSP0000-54120-50300	43,492	FY 18-19 CMSP Dec Operating Trf In ✓
4	C	5440460		4500	54CMSP0000-54GENOPEX-50300-WS	(43,492)	FY 18-19 CMSP Dec Special Dept Exp ✓
5	D	5450500		2020	54EMS00000-54200-50200	56,508	FY 18-19 EMS Dec Operating Trf In ✓
6	C	5450500		4500	54EMS00000-54OPEX-50200-WS	(56,508)	FY 18-19 EMS Dec Special Department Expense ✓
7							
8							
9							
10							Legistar # 19-0728 6/25/19
11							
12							
13							

REVIEWED FOR FORMAT BY

[Signature]
 JOE HARN, C.P.A. AUDITOR / CONTR
[Signature]
 CHIEF ADMINISTRATIVE OFFICE - AN
[Signature]
 CHIEF ADMINISTRATIVE OFFICE

DATE 5/28/19
 DATE 6/19/2019
 DATE

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

[Signature] 6-25-19
 SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS DATE
[Signature]
 ATTEST: CLERK, BOARD OF SUPERVISORS