

EL DORADO COUNTY APPROPRIATION TRANSFER (20130 GOV. CODE)
BUDGET TRANSFER REQUEST # 1

TO BE COMPLETED BY THE DEPARTMENT
 DOCUMENT TOTAL 67142-
 NUMBER OF LINES 3
 TRANSACTION CODE TOTAL* 024

AUDITOR / CONTROLLER'S USE
 TRANSFER #
 DATE
 CODE BY

PLUBLIC HEALTH FY08/09
 DEPARTMENT OR AGENCY NAME
 Bailey 03/13/09
 ADA W... 3/13/09
 DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER
 3113109
 DATE
 PAGE 1 OF 1

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 *
 * 011 = INCREASE ESTIMATED REVENUE
 * 012 = DECREASE ESTIMATED REVENUE
 * 011 = INCREASE IN APPROPRIATION / BOS APPROVED
 * 012 = DECREASE IN APPROPRIATION / BOS APPROVED

TRANS CODE NO.	INDEX CODE NUMBER	BUDGET NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION	(NO CHARACTERS MAX)
1	405290	3000		33571-	FY08/09 BUD REV SMILE EL DORADO / HEALTH NET GRANT	
2	405290	4200		2000-		
3	405290	1940		35571-		
4						
5						
6						
7						
8					REQUEST TO INCREASE REVENUE AND APPROPRIATION	
9					FOR THE SMILE EL DORADO / HEALTH NET GRANT.	
10					THIS GRANT WILL SUPPORT SERVICES FOR THE	
11					RURAL HEALTH DEMONSTRATION PROJECT (RHDP)	
12						
13						

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

REVIEWED FOR FORMAT BY
 JOE HARN, C.P.A. AUDITOR / CONTROLLER DATE
 CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE
 CHIEF ADMINISTRATIVE OFFICE DATE
 SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS DATE
 ATTEST: CLERK, BOARD OF SUPERVISORS

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