

AUDITOR / CONTROLLER'S USE

TRANSFER # : _____

DATE : _____

CODE BY : _____

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 : 109,086.00

NUMBER OF LINES : 5

TRANSACTION CODE TOTAL : 047

02/07/08
DATE

Joe Harn
DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

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

S E X	TRANS CODE NO. *	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION (80 CHARACTERS MAX.)
1	002	405210	1940		49,998.00	FY 07108 Bud Rev. CA Healthcare Found Grant
2	011	405210	2254		4,545.00	↓
3	011	405210	4300		45,453.00	↓
4	012	401111	2327		4,545.00	↓
5	011	401111	4500		4,545.00	↓
6						
7						
8						
9						
10						
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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

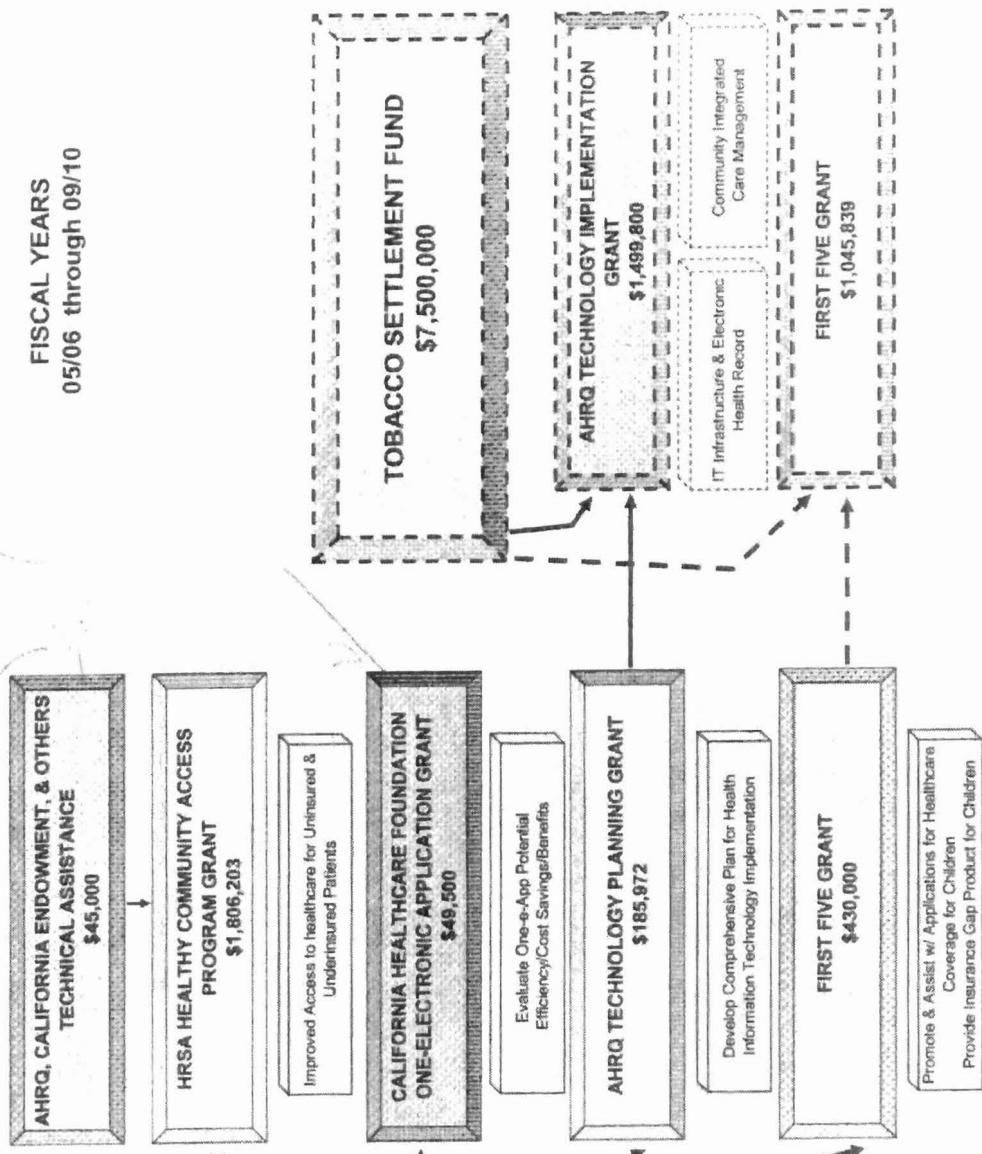
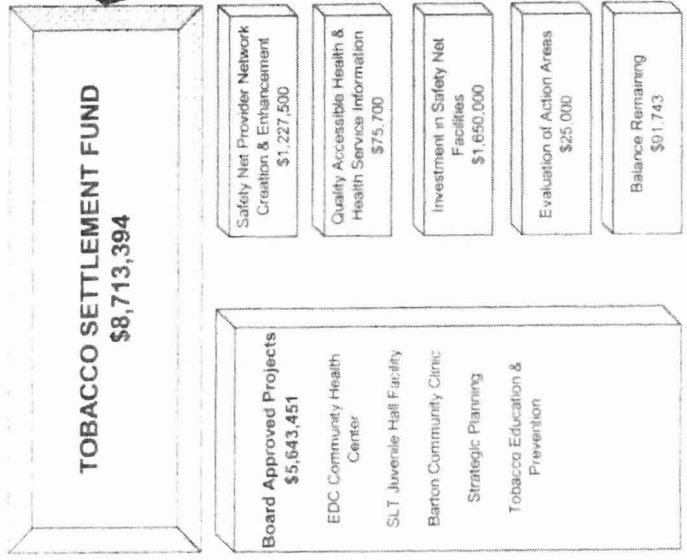
ATTEST: CLERK, BOARD OF SUPERVISORS

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

ACCEL INITIATIVE FUNDING STREAMS AND PROJECTS

FISCAL YEARS
00/01 through 04/05

FISCAL YEARS
05/06 through 09/10



Public Health Department

Request for Change to the Current Year Budget

Index Name: HCAP/California HealthCare Foundation Index No.: 405210

Program Manager or Coordinator: Sharon Elliott

Request Approved By: *Sharon Elliott* Date: 7/2/08
(Signature)

Note: Approval must be obtained from the "Individual with Delegated Authority" designated (by index) on the Department's Delegated Purchasing Authority Matrix.

REQUESTED EXPENDITURE CHANGE:

<u>Subobject No.</u>	<u>Subobject Name and Reason for Change *</u>	<u>Amount of Change</u>
4300	Professional/Special Services	\$45,453
7254	Intrafund - Public Health	\$4,545

Subtotal Expenditure Adjustment: \$49,998

REQUESTED REVENUE CHANGE:

<u>Subobject No.</u>	<u>Subobject Name and Reason for Change *</u>	<u>Amount of Change</u>
1940	Misc: Revenue	\$49,998

Subtotal Revenue Adjustment: \$49,998

INCREASE OR (DECREASE) TO NET COST: \$0

You may attach supporting material (such as funding letter, expenditure/revenue projections, etc.) if necessary to explain and justify the requested change (particularly if Board approval is required).

Forward approved forms to the Fiscal Administrative Manager with copies to the Assistant Director and the assigned Admin. Services Budget Analyst

Budget Index: California HealthCare Foundation Grant

Index Number: 405210

** This was a new grant added mid-year FY 07-08

Account Description	S/O No.	FY 06-07 Budget (As Adopted)	FY 06-07 Actual	FY 07-08 Budget (As Adopted)	FY 07-08 Actual	FY 08-09 Budget Request	Increase or (Decrease) 07-08 Budget to 08-09 Budg
Professional/Spec Srv	4300			45,453			(100.0%)
Sub-Total Srv/Supplies		\$0	\$0	\$45,453	\$0	\$0	(100.0%)
Intrafund - Transfers	7389	This index was created during FY 07/08.		\$4,545			(100.0%)
Sub-Total Intrafund				\$4,545	\$0	\$0	
Total Expenditures				\$49,998	\$0	\$0	(100.0%)
Misc Revenue	1940			\$49,998			(100.0%)
Total Revenue		\$0	\$0	\$49,998	\$0	\$0	(100.0%)
Net Cost (Exp - Rev)		\$0	\$0	\$0	\$0	\$0	N/A

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