

# BUDGET TRANSFER REQUEST #1

DEPT. HEALTH SERVICES

DEPARTMENT OR AGENCY NAME

16-Mar-10

DATE

*John W. ...* 3/16/10

DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

PAGE 1 OF 1

TO BE COMPLETED BY THE DEPARTMENT

DOCUMENT TOTAL 480,470.00

NUMBER OF LINES 21

TRANSACTION CODE TOTAL\* 155

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.)
1	***	SEE	ATTACHED		INTERFACE ***	BUD REV FY 09/10 - AOD MID YEAR ADJUSTMENT	
2							
3							
4							
5						Request to adjust the Alcohol & Drug Program budget	
6						based on the FY 2008/09 Cost Report adjustment by the State Department	
7						Alcohol & Drug Programs	
8							
9							
10							
11							
12							
13							

REVIEWED FOR FORMAT BY

*John W. ...* 4-1-10  
 JOE HANCOCK, C.P.A. AUDITOR / CONTROLLER  
 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

CHIEF ADMINISTRATIVE OFFICE - ANALYST

DATE

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS

DATE

CHIEF ADMINISTRATIVE OFFICE

DATE

ATTEST: CLERK, BOARD OF SUPERVISORS

**BUDGET TRANSFER INTERFACE**

**Fiscal Period: 09/10**

<b>Department Name:</b> PUBLIC HEALTH	<b>Record:</b>	
<b>Date:</b> 03/16/10	Number	Interfaced By
<b>Prepared By:</b> Pam Missioni <i>PM</i>	Batch Date	
<b>Contact Phone (ext):</b> ext 6228	<b>Copy:</b>	
	Copied By	Copy Date
<b>Authorized By:</b> <i>Aduwerf</i> 3/16/10	<b>Scan:</b>	
<b>File Name:</b> BTPH40_FY0910_ADPMIDYR_PM	Scanned By	Scan Date
<b>Document Total:</b> 480,470.00	<b>Audit:</b> <i>9m</i> 3/17/10	
	Audited By	Audit Date

Line Num	Trans Code	Index Code	Sub - Object	User Code	DR Amount	CR Amount	DESCRIPTION (UP TO 50 CHARACTERS)
1	011	404112	3000		30,000.00		BUD REV FY 2009/10 - AOD MIDYEAR ADJUSTMENT
2	011	404112	4500		45,000.00		BUD REV FY 2009/10 - AOD MIDYEAR ADJUSTMENT
3	011	404112	4503		479.00		BUD REV FY 2009/10 - AOD MIDYEAR ADJUSTMENT
4	011	404112	5000		20,000.00		BUD REV FY 2009/10 - AOD MIDYEAR ADJUSTMENT
5	011	404112	5316		45,000.00		BUD REV FY 2009/10 - AOD MIDYEAR ADJUSTMENT
6	002	404112	0689			9,982.00	BUD REV FY 2009/10 - AOD MIDYEAR ADJUSTMENT
7	002	404112	1101			130,497.00	BUD REV FY 2009/10 - AOD MIDYEAR ADJUSTMENT
8	011	404121	4500		5,358.00		BUD REV FY 2009/10 - AOD MIDYEAR ADJUSTMENT
9	002	404121	1101			1,564.00	BUD REV FY 2009/10 - AOD MIDYEAR ADJUSTMENT
10	002	404121	2100			3,794.00	BUD REV FY 2009/10 - AOD MIDYEAR ADJUSTMENT
11	012	404131	4324			72,900.00	BUD REV FY 2009/10 - AOD MIDYEAR ADJUSTMENT
12	003	404134	1101		72,900.00		BUD REV FY 2009/10 - AOD MIDYEAR ADJUSTMENT
13	012	404136	4324			13,418.00	BUD REV FY 2009/10 - AOD MIDYEAR ADJUSTMENT
14	003	404136	1101		9,624.00		BUD REV FY 2009/10 - AOD MIDYEAR ADJUSTMENT
15	003	404136	2100		3,794.00		BUD REV FY 2009/10 - AOD MIDYEAR ADJUSTMENT
16	011	404144	4500		5,500.00		BUD REV FY 2009/10 - AOD MIDYEAR ADJUSTMENT
17	011	404144	4502		580.00		BUD REV FY 2009/10 - AOD MIDYEAR ADJUSTMENT
18	002	404144	1101			6,080.00	BUD REV FY 2009/10 - AOD MIDYEAR ADJUSTMENT
19	011	404147	4502		500.00		BUD REV FY 2009/10 - AOD MIDYEAR ADJUSTMENT
20	011	404147	5011		1,500.00		BUD REV FY 2009/10 - AOD MIDYEAR ADJUSTMENT
21	002	404147	1101			2,000.00	BUD REV FY 2009/10 - AOD MIDYEAR ADJUSTMENT
				Totals	240,235.00	240,235.00	(If you need more lines, insert additional rows.)

*Further inc 4*