

BUDGET TRANSFER REQUEST #1

Human Services -Community Services Div

DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT

DOCUMENT TOTAL 36,812.00

NUMBER OF LINES 5

TRANSACTION CODE TOTAL* 56

5/22/2007

DATE

John Hernandez 6163

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

* 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	012	531141	7250		18,406.00	FY 06/07 Budget Rev MOU #287-M0711 Friendly Visitor Program
2	011	531141	3000		13,000.00	FY 06/07 Budget Rev MOU #287-M0711 Friendly Visitor Program
3	011	531141	4260		3,106.00	FY 06/07 Budget Rev MOU #287-M0711 Friendly Visitor Program
4	011	531141	4462		2,000.00	FY 06/07 Budget Rev MOU #287-M0711 Friendly Visitor Program
5	011	531141	5301		300.00	FY 06/07 Budget Rev MOU #287-M0711 Friendly Visitor Program
6						
7						
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11						
12						
13						

REVIEWED FOR FORMAT BY

JOE HARN, C.P.A. AUDITOR / CONTROLLER

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

DATE

CHIEF ADMINISTRATIVE OFFICE - ANALYST

DATE

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS

DATE

CHIEF ADMINISTRATIVE OFFICE

DATE

ATTEST: CLERK, BOARD OF SUPERVISORS