

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

EL DORADO COUNTY APPROPRIATION TRANSFER ( 29130 GOV. CODE )  
**BUDGET TRANSFER REQUEST #1**  
 Health and Human Services Agency

DEPARTMENT OR AGENCY NAME  
 DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER  
*[Signature]* 4/15/2014

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	200,000.00
NUMBER OF LINES	3
TRANSACTION CODE TOTAL*	24

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	2	405150	1107		100,000.00	FY13-14 AB82 Medi Cal Incr Federal Rev	
2	11	405150	4300		85,000.00	FY13-14 AB82 Medi Cal Incr Exp	
3	11	405150	4500		15,000.00	FY13-14 AB82 Medi Cal Incr Exp	
4							
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13							

REVIEWED FOR FORMAT BY \_\_\_\_\_ DATE \_\_\_\_\_  
 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

CHIEF ADMINISTRATIVE OFFICE - ANALYST \_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS \_\_\_\_\_ DATE \_\_\_\_\_  
 CHIEF ADMINISTRATIVE OFFICE \_\_\_\_\_ DATE \_\_\_\_\_ ATTEST: CLERK, BOARD OF SUPERVISORS \_\_\_\_\_  
 DISTRIBUTION: WHITE - BOS / YELLOW - AUDITOR / PINK - CHIEF ADMINISTRATIVE OFFICE / GOLD - DEPARTMENT