

AUDITOR / CONTROLLER'S USE

TRANSFER #

DATE

CODE BY

EL DORADO COUNTY APPROPRIATION TRANSFER (29130 GOV. CODE)

# BUDGET TRANSFER REQUEST # 1

DEPARTMENT OR AGENCY NAME  
*Public Health*

TO BE COMPLETED BY THE DEPARTMENT

DOCUMENT TOTAL *114,920.-*

NUMBER OF LINES *9*

TRANSACTION CODE TOTAL \* *33*

DATE  
*05/09/07*

DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER  
*Patricia Baker 6191*

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 \*

\* 002 = INCREASE ESTIMATED REVENUE  
\* 003 = DECREASE ESTIMATED REVENUE  
\* 011 = INCREASE IN APPROPRIATION / BOS APPROVED  
\* 012 = DECREASE IN APPROPRIATION / BOS APPROVED

LINE #	TRANS CODE NO.	INDEX CODE NUMBER	SUBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION (40 CHARACTERS MAX)
1	002	402121	0640		19,154.-	EP 06107 Bud Rev CCS Adm to use
2	003		0688		15,553.-	
3	003		1100		7,641.-	
4	003		1107		15,111.-	
5	002		2020		9,576.50	
6	002		2027		9,576.50	
7	003	402122	2020		9,576.50	
8	003		2027		9,576.50	
9	012		5000		19,153.-	
10						
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

CHIEF ADMINISTRATIVE OFFICE - ANALYST

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS

CHIEF ADMINISTRATIVE OFFICE

ATTEST: CLERK, BOARD OF SUPERVISORS

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