

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

EL DORADO COUNTY APPROPRIATION TRANSFER ( 29130 GOV. CODE )

# BUDGET TRANSFER REQUEST #1

Library  
DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	110,400.00
NUMBER OF LINES	11
TRANSACTION CODE TOTAL*	76

11/26/2013  
DATE

\_\_\_\_\_  
DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

**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                      \* 011 = INCREASE IN APPROPRIATION / BOS APPROVED  
\* 003 = DECREASE ESTIMATED REVENUE                      \* 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	002	605100	0001		6,900.00	FY13/14 Bud Rev - Fund Balance for SIRSI
2	011	605100	7000		6,900.00	FY13/14 Bud Rev - Op transfer out for SIRSI
3	002	605200	0001		6,900.00	FY13/14 Bud Rev - Fund Balance for SIRSI
4	011	605200	7000		6,900.00	FY13/14 Bud Rev - Op transfer out for SIRSI
5	002	605300	0001		6,900.00	FY13/14 Bud Rev - Fund Balance for SIRSI
6	011	605300	7000		6,900.00	FY13/14 Bud Rev - Op transfer out for SIRSI
7	002	605500	0001		6,900.00	FY13/14 Bud Rev - Fund Balance for SIRSI
8	011	605500	7000		6,900.00	FY13/14 Bud Rev - Op transfer out for SIRSI
9	002	601100	2020		27,600.00	FY13/14 Bud Rev - Revenue for SIRSI
10	011	601100	4144		18,820.00	FY13/14 Bud Rev - SIRSI
11	011	601100	4300		8,780.00	FY13/14 Bud Rev - SIRSI install & training
12						
13						

REVIEWED FOR FORMAT BY \_\_\_\_\_  
JOE HARN, 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