

EL DORADO COUNTY APPROPRIATION TRANSFER ( 20130 GOV. CODE )  
**BUDGET TRANSFER REQUEST # 1**

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	104,472.-
NUMBER OF LINES	20
TRANSACTION CODE TOTAL *	215

PUBLIC HEALTH  
 DEPARTMENT OR AGENCY NAME

02/20/07 DATE  
 [Signature] DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER  
 PAGE 1 OF 2

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

TRANS CODE (NO. 1)	INDEX CODE NUMBER	SUB-OBJECT NUMBER	USER-FOUR NUMBER	AMOUNT	DESCRIPTION (NO CHARACTERS MAX)
011	402135	3000		27,500.-	Req to incr approp as grantor HAS
011		3001		985.-	incr allocation
011		3005		1,455.-	
011		3006		1,706.-	
011		3020		3,087.-	
011		3022		497.-	
011		3040		9,543.-	
012		3041		261.-	
011		4040		231.-	
012		4041		162.-	
011		4201		795.-	
011		4264		150.-	
011		4324		250.-	

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

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

CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE

CHIEF ADMINISTRATIVE OFFICE DATE

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS

DATE

ATTEST: CLERK, BOARD OF SUPERVISORS

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

EL DORADO COUNTY APPROPRIATION TRANSFER ( 29130 GOV. CODE )  
**BUDGET TRANSFER REQUEST # 1**

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	
NUMBER OF LINES	
TRANSACTION CODE TOTAL *	

DEPARTMENT OR AGENCY NAME

DATE DATE PAGE 2 OF 2

DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

COMPLETE THE INFORMATION BELOW, WITH JUSTIFICATION NARRATIVE OR ATTACH A MEMO.  
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 \* 002 = INCREASE ESTIMATED REVENUE  
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 \* 012 = DECREASE IN APPROPRIATION / BOS APPROVED

TRANS CODE NO.	INDEX COPY NUMBER	SUB ORIGIN NUMBER	USER COPY NUMBER	AMOUNT	DESCRIPTION (100 CHARACTERS MAX)
1	012	402135	4529	194.-	
2	011		4602	257.-	
3	011		4605	449.-	
4	011		4620	149.-	
5	012		5301	149.-	
6	011		7250	4,488.-	
7	002		1940	5,470.-	
8					
9					
10					
11					
12					
13					

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

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