

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

# BUDGET TRANSFER REQUEST #1

Health and Human Services Agency -Community Services Div

DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	80,000.00
NUMBER OF LINES	5.00
TRANSACTION CODE TOTAL*	023

05/10/2013  
DATE

*Jane Walker Conroy 5/17/13*  
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
- \* 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	002	531430	2020		20,000.00	FY 12/13 BUDGET REV-MSSP
2	003	531430	0880		10,000.00	FY 12/13 BUDGET REV-MSSP
3	003	531430	1107		10,000.00	FY 12/13 BUDGET REV-MSSP
4	003	531301	2020		20,000.00	FY 12/13 BUDGET REV-MSSP
5	012	531301	4501		20,000.00	FY 12/13 BUDGET REV-MSSP
6						
7						
8						
9						
10						
11						
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