

AUDITOR / CONTROLLER'S USE
 TRANSFER #
 DATE
 CODE BY

DEPARTMENT OR AGENCY NAME
 Public Health Department
 DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER
 [Signature]

DATE 03/05/07

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

TRANS CODE NO. 1	INDEX CODE NUMBER	SUB-OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION
011	7740604	7000		100,000	FY 06/07 Bud Rev SACPA P34 Grant
012	7740604	4501		100,000	
002	404143	2026		100,000	
011	404143	4502		739	
011	404143	4503		2,650	
011	404143	4500		10,000	
011	404143	4600		9,000	
011	404143	4300		5,566	
011	404143	5300		65,045	
011	404143	7254		7,000	transfer from fund 20 to fund 11 for an increase in Probation services, Professional Services and training.

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

REVIEWED FOR FORMAT BY

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

CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS DATE

ATTEST: CLERK, BOARD OF SUPERVISORS

CHIEF ADMINISTRATIVE OFFICE DATE

CHIEF ADMINISTRATIVE OFFICE

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