

| | |
|----------------------------|------------|
| AUDITOR / CONTROLLER'S USE | |
| TRANSFER # | |
| DATE | 12/27/2010 |
| CODE BY | |

EL DORADO COUNTY APPROPRIATION TRANSFER (29130 GOV. CODE)

BUDGET TRANSFER REQUEST #1

Sheriff

DEPARTMENT OR AGENCY NAME

| | |
|-----------------------------------|-------------|
| TO BE COMPLETED BY THE DEPARTMENT | |
| DOCUMENT TOTAL | \$68,844.96 |
| NUMBER OF LINES | 4 |
| TRANSACTION CODE TOTAL* | 26 |

12/27/2010
DATE

Sherry D. Bahlmer x5690
DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

PAGE ___ OF ___

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 | 7724306 | 0001 | | \$ 17,211.24 | FY10/11 Bud Rev increase from Fund Balance to 243600 |
| 2 | 011 | 7724306 | 7000 | | \$ 17,211.24 | FY10/11 Bud Rev increase from Fund Balance to 243600 |
| 3 | 002 | 243600 | 2020 | | \$ 17,211.24 | FY10/11 Bud increase to cover Pre pay JI2011004703 FY09/10 |
| 4 | 011 | 243600 | 4144 | | \$ 17,211.24 | FY10/11 Bud increase to cover Pre pay JI2011004703 FY09/10 |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | <i>11-0109 - Meeting of Feb. 8, 2011</i> |
| 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