

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

EL DORADO COUNTY APPROPRIATION TRANSFER (20130 GOV. CODE)  
**BUDGET TRANSFER REQUEST # 1**  
 Dept Health Services - Public Health  
DEPARTMENT OR AGENCY NAME *PH*

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	424,400
NUMBER OF LINES	14
TRANSACTION CODE TOTAL*	137

DATE

*Adela Wolf x6149 10/29/09*  
 DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER *10-29-09*

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

002	404150	1100	200,000	FY 2009/10 Bud Rev: DUI Expansion
011	404150	3000	28,650	
011	404150	3020	6,170	
011	404150	3022	416	
011	404150	3040	100	
011	404150	3040	5,982	
011	404150	4324	144,000	Request to increase estimated revenue and appropriations for the DUI Court Expansion Program issued by Office of Justice Programs
011	404150	4500	2,482	
011	404150	5300	6,000	
011	404150	7254	6,200	
011	404150	4500	6,200	
012	401111	7384	6,200	
002	252210	1800	6,000	

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

\_\_\_\_\_  
 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

