

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

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

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	\$54,060
NUMBER OF LINES	17
TRANSACTION CODE TOTAL *	179

Public Health Dept. ~~X~~
 DEPARTMENT OR AGENCY NAME
 Cxm

12/27/2006
 DATE

Gay White Hamlin 6191
 DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

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

S E R I A L	TRANS CODE NO.	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION (80 CHARACTERS MAX)
1	002	404146	1800		25,000	Request to increase estimated revenue and appropriations due to new funding for ADD Program Celebrating Families per new mou. agreement with DHS/SSD
2	011	404146	3000		12,980	
3	011	404146	3020		2,648	
4	011	404146	3022		188	
5	011	404146	3040		3,710	
6	011	404146	3041		48	
7	011	404146	3042		69	
8	011	404146	3046		413	
9	011	404146	3060		238	
10	011	404146	4503		750	
11	011	404146	4600		1,280	
12	011	404146	4602		500	
13	011	404146	4605		76	

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

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

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

Public Health Dept.
 CKM DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	\$54,060
NUMBER OF LINES	17
TRANSACTION CODE TOTAL *	179

12/27/2006
 DATE

Joseph Belmont 6191
 DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

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

S E R I A L	TRANS CODE NO. *	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION (80 CHARACTERS MAX)
1	011	404146	4606		70	Request to increase estimated revenue and appropriations due to new funding for ADD Program Celebrating Families per MOU agreement with DHS/SSD.
2	011	404146	7254		2,030	
3	012	401111	7254		2,030	
4	011	401111	4500		2,030	
5						
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12						
13						

REVIEWED FOR FORMAT BY

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