

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

EL DORADO COUNTY APPROPRIATION TRANSFER ( 29130 GOV. CODE )

# BUDGET TRANSFER REQUEST #1

HSA - Public Health  
DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	-
NUMBER OF LINES	10
TRANSACTION CODE TOTAL*	NA

2/5/2020  
DATE

*YJK*

*Dull*  
DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

PAGE 1 OF 1

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	D/C	FENIX Org	SUB OBJECT NUMBER	PL String	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	C	5400000	2021	BUDGET-SUMMARY	(200,000)	FY 19-20 PH Admin Inc Oprtng Trsfr In VLF
2	C	5480800	0545		(200,000)	FY 19-20 PH Realignment Inc St: VLF Health Realignment
3	D	5480800	7000		200,000	FY 19-20 PH Realignment Inc Operating Transfers Out
4	C	5400000	2100	BUDGET-SUMMARY	(18)	FY 19-20 PH Admin Inc Residual Equity Transfers In
5	D	5410120	7100	BUDGET-SUMMARY	18	FY 19-20 PHEP Inc Residual Equity Transfers Out
6	C	5410120	7700	BUDGET-SUMMARY	(18)	FY 19-20 PHEP Dec Appropriations For Contingency
7	D	5450500	7100	BUDGET-SUMMARY	793,250	FY 19-20 PH EMS Inc Residual Equity Transfers Out
8	C	5400000	7700	BUDGET-SUMMARY	(593,232)	FY 19-20 PH Admin Dec Appropriations For Contingency
9	C	5440470	0895	BUDGET-SUMMARY	(26,231)	FY 19-20 Prop 56 TUPP Inc State Rev
10	D	5440470	4300	BUDGET-SUMMARY	26,231	FY 19-20 Prop 56 TUPP Inc Professional & Special Srvc
11						<i>Legistar 20-0196</i>
12						<i>2/25/2020</i>

REVIEWED FOR FORMAT BY

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

DATE

*Melanie B. Purcell*

CHIEF ADMINISTRATIVE OFFICE - ANALYST

*2/11/2020*  
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

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS

DATE

CHIEF ADMINISTRATIVE OFFICE

DATE

ATTEST: CLERK, BOARD OF SUPERVISORS

