

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

BUDGET TRANSFER REQUEST #1

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	-
NUMBER OF LINES	6
TRANSACTION CODE TOTAL*	69

HSA - Behavioral Health
DEPARTMENT OR AGENCY NAME

12/29/2017
DATE

[Signature] 12/29/17
DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

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
* 003 = DECREASE ESTIMATED REVENUE

* 011 = INCREASE IN APPROPRIATION / BOS APPROVED
* 012 = DECREASE IN APPROPRIATION / BOS APPROVED

S F X	FAMIS TRANS CODE NO.*	FAMIS INDEX CODE NUMBER	FENIX ORG	FENIX OBJECT NUMBER	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	012	417300	5310100	7700	(4,351)	FY 17-18 Security Server Dec Appropriation for Contingency
2	011	418720	5310100	6040	4,351	FY 17-18 Security Server Inc Fixed Asset
3	012	419400	5310150	7700	(16,432)	FY 17-18 Security Server Dec Appropriation for Contingency
4	011	419400	5310150	6040	16,432	FY 17-18 Security Server Inc Fixed Asset
5	012	418900	5320200	4144	(1,217)	FY 17-18 Security Server Dec Maint: Computer Systems
6	011	418900	5320200	6040	1,217	FY 17-18 Security Server Inc Fixed Asset
7						
8						
9						
10						
11						
12						
13						

REVIEWED FOR FORMAT BY

JOE HARN, C.P.A. AUDITOR / CONTROLLER DATE
[Signature] 1/2/18
CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE
[Signature] 1/2/2018
CHIEF ADMINISTRATIVE OFFICE 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] 1-23-18
SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS DATE
[Signature] 1-23-18
ATTEST: CLERK, BOARD OF SUPERVISORS