

# BUDGET TRANSFER REQUEST #1

Human Resources/Risk Mgmt Division

DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT
DOCUMENT TOTAL
NUMBER OF LINES <b>4</b>
TRANSACTION CODE TOTAL *

AUDITOR / CONTROLLER'S USE
TRANSFER #
DATE
CODE BY

6/20/2008

DATE

PAGE      OF     

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      \* 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	083521	1760		600,000	Recognize Use of Additional Revenue	
2	011	083521	4101		600,000	Increase in Fully-Insured Insurance	
3	002	083522	1760		350,000	Recognize Use of Additional Revenue	
4	011	083522	4104		350,000	Increase in Self-Insured Insurance	
5							
6							
7							
8							
9							
10							
11							
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

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS      DATE

CHIEF ADMINISTRATIVE OFFICE      DATE

ATTEST: CLERK, BOARD OF SUPERVISORS

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