

| | |
|----------------------------|--|
| AUDITOR / CONTROLLER'S USE | |
| TRANSFER # | |
| DATE | |
| CODE BY | |

EL DORADO COUNTY APPROPRIATION TRANSFER (29130 GOV. CODE)

BUDGET TRANSFER REQUEST #1

Health and Human Services Agency - Mental Health

DEPARTMENT OR AGENCY NAME

| | |
|-----------------------------------|---------|
| TO BE COMPLETED BY THE DEPARTMENT | |
| DOCUMENT TOTAL | 600,000 |
| NUMBER OF LINES | 008 |
| TRANSACTION CODE TOTAL* | 064 |

5/18/2016
DATE

[Signature]
5123116 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 | 531112 | 1100 | | 100,000 | FY 15/16 BUD REV LIHEAP Grant increase |
| 2 | 002 | 531112 | 2020 | | 100,000 | FY 15/16 BUD REV GF increase from AAA |
| 3 | 011 | 531113 | 3001 | | 60,000 | FY 15/16 BUD REV LIHEAP Increase Exp |
| 4 | 011 | 531112 | 4500 | | 30,000 | FY 15/16 BUD REV LIHEAP Increase Exp |
| 5 | 011 | 531112 | 5013 | | 110,000 | FY 15/16 BUD REV LIHEAP Increase Exp |
| 6 | 003 | 531301 | 2020 | | 100,000 | FY 15/16 BUD REV AAA GF to LIHEAP |
| 7 | 012 | 531307 | 3000 | | 50,000 | FY 15/16 BUD REV AAA GF to LIHEAP |
| 8 | 012 | 531307 | 5300 | | 50,000 | FY 15/16 BUD REV AAA GF to LIHEAP |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |

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 _____