

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

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

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	20,896.00
NUMBER OF LINES	6
TRANSACTION CODE TOTAL *	69

CHIEF ADMINISTRATIVE OFFICE
 DEPARTMENT OR AGENCY NAME

7/15/09
 DATE

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 N O.	TRANS CODE NO.	INDEX CODE NUMBER	SUB-ORGAN NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION (60 CHARACTERS MAX)
1	012	040000	3046		8,707.00	FY08-09 BUD REV - RISK CHGS FOR REV RECOV DIV
2	012	040000	3060		828.00	
3	012	040000	4100		913.00	
4	011	798000	3046		8,707.00	
5	011	798000	3060		828.00	
6	011	798000	4100		913.00	
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
 CHIEF ADMINISTRATIVE OFFICE DATE

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS DATE
 ATTEST: CLERK, BOARD OF SUPERVISORS