

# BUDGET TRANSFER REQUEST # 1

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	18,800.-
NUMBER OF LINES	2
TRANSACTION CODE TOTAL *	13

Public Health  
DEPARTMENT OR AGENCY NAME

5/10/07 DATE  
 [Signature] 05/10/07 DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER  
 6191

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 X	TRANS CODE NO.	INDEX CODE NUMBER	SUB-OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION (60 CHARACTERS MAX)
1	002	402214	1100		9,400	FP 06/07 Bud Rev Hopwa Inc
2	011	402214	5000		9,400	approp for srvc provided w/SEAF
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						

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

ATTEST: CLERK, BOARD OF SUPERVISORS

CHIEF ADMINISTRATIVE OFFICE DATE

DISTRIBUTION: WHITE - BOS / YELLOW - AUDITOR / PINK - CHIEF ADMINISTRATIVE OFFICE / GOLD - DEPARTMENT