

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	1053744
NUMBER OF LINES	8
TRANSACTION CODE TOTAL *	72

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

Public Health
 DEPARTMENT OR AGENCY NAME

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

3/20/07 DATE

40 G Bailey 15 DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

PAGE 0F

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 H X	TRANS CODE NO.	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION (40 CHARACTERS MAX)
1	011	403410	4351		240,138	FY 06/07 Bud Rev Jail Medical
2	002	403410	2020		240,138	()
3	012	151000	7300		240,138	()
4	011	159210	7000		240,138	()
5	011	403430	4324		23,298	FY 06/07 Bud Rev Juvenile Hall
6	002	403430	2020		23,298	()
7	012	151000	7300		23,298	()
8	011	159210	7000		23,298	()
9						
10						
11						
12						
13						

MULTIPLE INVOICES FOR INMATE HOSP CARE EXCEEDING THE 15K CAP SET BY AGREEMENT BETWEEN EDC & CA FORENSIC MED GROUP AND JUVENILE HALL

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

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

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

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	166,668 -
NUMBER OF LINES	4
TRANSACTION CODE TOTAL *	36

DEPARTMENT OR AGENCY NAME

03/23/07
 J.D. Bailey
 DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

PAGE 1 OF 1

COMPLETE THE INFORMATION BELOW, WITH JUSTIFICATION NARRATIVE OR ATTACH A MEMO.
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S P X	TRANS CODE No.	INDEX CODE NUMBER	SUB-OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION (60 CHARACTERS MAX)
1	011	403430	4100		41,667-	FY 06/07 Bud Rev Juvenile Hall Medical
2	002	403430	2020		41,667-	Catastrophic Insur to cover inmate hospitalization over \$15K Cap set by agreement between EDC and California Forensic Med Group
3	012	151000	7300		41,667-	
4	011	159210	7000		41,667-	
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REVIEWED FOR FORMAT BY

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

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