

AUDITOR / CONTROLLER'S USE

EL DORADO COUNTY APPROPRIATION TRANSFER (29130 GOV. CODE)

TO BE COMPLETED BY THE DEPARTMENT

BUDGET TRANSFER REQUEST #1

DOCUMENT TOTAL	5,200,000
NUMBER OF LINES	2
TRANSACTION CODE TOTAL*	13

TRANSFER #	
DATE	
CODE BY	

Dept 15
DEPARTMENT OR AGENCY NAME

12-6-12
DATE

Saura Schwartz
DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

PAGE 1 OF 1

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
- * 003 = DECREASE ESTIMATED REVENUE
- * 011 = INCREASE IN APPROPRIATION / BOS APPROVED
- * 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	152000	1207		2,600,000	FY 12-13 Inc. Tribe Rev Per Amend. MOU
2	011	159150	5240		2,600,000	FY 12-13 Pymt to Tribe Health Program
3						
4						
5						
6						
7						
8						
9						
10						
11						Legistar Item 12-1409 12-11-12 Agenda
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
Saura Schwartz
CHIEF ADMINISTRATIVE OFFICE
DATE 12-6-12

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