

BUDGET TRANSFER REQUEST #1

TRANSFER #	
DATE	
CODE BY	

Shirley	DEPARTMENT OR AGENCY NAME
# 09-0237	TRANSACTION CODE
	TOTAL *

8/7/09

DATE

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 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

TRANS FER CODE NO.	INDEX CODE NUMBER	SUB OBJECT NUMBER	CHARACTER NUMBER	AMOUNT	DESCRIPTION (60 CHARACTERS MAX)
1	002	244123	0900	\$ 41,334	FY 2009 OHV Grant Award - 25% Overtime
2	011	244123	3002	51,667.50	FY 2009 OHV Grant - 25% Overtime
3	002	244123	2020	10,333.50	FY 2009 OHV Grant 25% Match
4	002	7702316	0001	10,333.50	OHV Rev. Increase
5	011	7702316	7000	10,333.50	Operating Transfer OHV Increase
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

REVIEWED
FOR
FORMAT BY

CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE

CHIEF ADMINISTRATIVE OFFICE DATE

ATTEST: CLERK, BOARD OF SUPERVISORS