

Board of Supervisors Department Budget

32

Details - Budget Transfer

LATE DISTRIBUTION
 Date 1:25 pm, May 17, 2011

RECEIVED
 BOARD OF SUPERVISORS
 EL DORADO COUNTY
 1:23 pm, May 17, 2011

Index Code	Sub Object	User Code	Amount	Description
District I				
011000	3000		883.00	District I Salary
011000	3041		(805.00)	District I Unemployment
011000	3043		300.00	District I Deferred Comp
010000	3002		(378.00)	COB Overtime
District II				
012000	3000		8,487.00	District II Salaries
012000	3004		(752.00)	District II Other Comp
012000	3020		(851.00)	District II Retirement
012000	3041		(805.00)	District II Unemployment
010000	3000		(2,750.00)	COB Salaries
010000	3002		(644.00)	COB Overtime
010000	4300		(2,685.00)	COB Professional
District V				
015000	3000		17,450.00	District V Salaries
015000	3020		(303.00)	District V Retirement
015000	3022		(53.00)	District V Medi Care
015000	3041		(805.00)	District V Unemployment
015000	4040		1,111.00	District V Cell Phone
010000	4260		(1,345.00)	COB Office Expenses
010000	4300		(6,931.00)	COB Professional
010000	4463		(800.00)	COB Equipment Telephone
010000	4503		(2,913.00)	COB Staff Development
010000	4529		(309.00)	COB Software Licenses
010000	4600		(175.00)	COB T&T
010000	7220		(3,000.00)	COB Intrafund Telephone
010000	7225		(1,927.00)	COB Central Duplicating
Reduced Revenue				
010000	1740		22,090.00	COB Reduction in BOE files
013000	4500		(12,908.00)	District III Special Dept Expenses
014000	4500		(9,182.00)	District IV Special Dept Expenses
District III & IV				
013000	3041		(805.00)	District III Unemployment
013000	4500		(894.00)	District III Special Dept Expenses
014000	3041		(805.00)	District III Unemployment
010000	4462		2,504.00	COB Computer Equipment

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

EL DORADO COUNTY APPROPRIATION TRANSFER (29130 GOV. CODE)

BUDGET TRANSFER REQUEST #1

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	49,334.00
NUMBER OF LINES	13
TRANSACTION CODE TOTAL*	

DEPARTMENT OR AGENCY NAME

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PAGE ___ OF ___

DATE

DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

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	003	10000	1740		22,090.00	COB Reduction in BOE files
2	012	10000	3000		2,750.00	COB Salaries
3	012	10000	3002		1,022.00	COB Overtime
4	012	10000	4260		1,345.00	COB Office Expenses
5	012	10000	4300		9,616.00	COB Professional
6	012	10000	4462		2,504.00	COB Computer Equipment
7	012	10000	4463		800.00	COB Equipment Telephone
8	012	10000	4503		2,913.00	COB Staff Development
9	012	10000	4529		309.00	COB Software Licenses
10	012	10000	4600		175.00	COB T&T
11	012	10000	7220		3,000.00	COB Intrafund Telephone
12	012	10000	7225		1,927.00	COB Central Duplicating
13	011	11000	3000		883.00	District I Salary

REVIEWED
FOR
FORMAT BY

JOE HARN, C.P.A. AUDITOR / CONTROLLER

DATE

CHIEF ADMINISTRATIVE OFFICE - ANALYST

DATE

CHIEF ADMINISTRATIVE OFFICE

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

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS

DATE

ATTEST: CLERK, BOARD OF SUPERVISORS

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

EL DORADO COUNTY APPROPRIATION TRANSFER (29130 GOV. CODE)

BUDGET TRANSFER REQUEST #1

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	54,400.00
NUMBER OF LINES	13
TRANSACTION CODE TOTAL*	

DEPARTMENT OR AGENCY NAME

DATE

DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

PAGE ___ OF ___

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S F X	TRANS CODE NO.*	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	012	11000	3041		805.00	District I Unemployment
2	011	11000	3043		300.00	District I Deferred Comp
3	011	12000	3000		8,487.00	District II Salaries
4	012	12000	3004		752.00	District II Other Comp
5	012	12000	3020		851.00	District II Retirement
6	012	12000	3041		805.00	District II Unemployment
7	012	13000	3041		805.00	District III Unemployment
8	012	13000	4500		13,802.00	District III Special Dept Expenses
9	012	14000	3041		805.00	District III Unemployment
10	012	14000	4500		9,182.00	District IV Special Dept Expenses
11	011	15000	3000		17,450.00	District V Salaries
12	012	15000	3020		303.00	District V Retirement
13	012	15000	3022		53.00	District V Medi Care

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 DATE

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS DATE

CHIEF ADMINISTRATIVE OFFICE DATE

ATTEST: CLERK, BOARD OF SUPERVISORS

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

EL DORADO COUNTY APPROPRIATION TRANSFER (29130 GOV. CODE)

BUDGET TRANSFER REQUEST #1

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	1,916.00
NUMBER OF LINES	2
TRANSACTION CODE TOTAL*	

DEPARTMENT OR AGENCY NAME

DATE

DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

PAGE ___ OF ___

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S F X	TRANS CODE NO.*	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	012	15000	3041		805.00	District V Unemployment
2	011	15000	4040		1,111.00	District V Cell Phone
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						

REVIEWED
FOR
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JOE HARN, C.P.A. AUDITOR / CONTROLLER DATE

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CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS DATE

CHIEF ADMINISTRATIVE OFFICE DATE

ATTEST: CLERK, BOARD OF SUPERVISORS