

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

| S $\mathbf{F}$ $\mathbf{X}$ | TRANS CODE NO.* | INDEX CODE NUMBER | SUB OBJECT NÜMBER | USER CODE NUMBER | AMOUNT | DESCRIPTION <br> (50 CHARACTERS MAX.) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1 | 002 | 220210 | 1200 |  | 37,437.00 | BUD REV AGENDA \#12-0611 |
| 2 | 011 | 220210 | 4600 |  | 20,069.00 | BUD REV AGENDA \#12-0611 |
| 3 | 011 | 220210 | 3001 |  | 17,368.00 | BUD REV AGENDA \#12-0611 |
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| 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
JOE HARN, C.P.A. AUDITOR / CONTROLLER

DATE

CHIEF ADMINISTRATIVE OFFICE - ANALYST
SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS
DATE

CHIEF ADMINISTRATIVE OFFICE
DATE ATTEST: CLERK, BOARD OF SUPERVISORS

