

AUDITOR / CONTROLLER'S USE	
TRANSFER #	2015011
DATE	
CODE BY	

EL DORADO COUNTY APPROPRIATION TRANSFER ( 29130 GOV. CODE )

# BUDGET TRANSFER REQUEST #1

Health and Human Services Agency - Community Services

DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	19,562.00
NUMBER OF LINES	2
TRANSACTION CODE TOTAL*	013

09/30/14  
DATE

*[Signature]* 9/30/14  
*[Signature]* 5515  
 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	002	531301	1109		9,781	FY 14-15 Budget Rev: AAA Amend 1 -OTO <i>Syn net</i>
2	011	531301	5000		9,781	FY 14-15 Budget Rev: AAA Amend 1 -OTO <i>Incrr Suppl/care</i>
3						
4						
5						
6						
7						
8						
9						
10						<i>Legistar 14-0991</i>
11						<i>10/21/14 Agenda</i>
12						
13						<i>9m 10/20/14</i>

C.A. COUNTY  
 EL DORADO COUNTY  
 2014 OCT 24 AM 10:28

REVIEWED FOR FORMAT BY

*[Signature]* 10-22-14  
 JOE HARN, C.P.A. AUDITOR / CONTROLLER  
 DATE  
*[Signature]* 10/8/14  
 CHIEF ADMINISTRATIVE OFFICE - ANALYST  
 DATE  
*[Signature]* 10/8/14  
 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]* 10/24/14  
 SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS BOARD DATE 10-21-14  
*[Signature]* 10-21-14  
 ATTEST: CLERK, BOARD OF SUPERVISORS

