| AUDITOR / CONTROLLER'S USE  RANSFER # |  |  | EL DORADO COUNTY APPROPRIATION TRANSFER (29130 GOV. CODE)  BUDGET TRANSFER REQUEST #1  |  |   | TO BE COMPLETED BY THE DEPARTMENT   |   |
|---------------------------------------|--|--|--|--|---|---|---|
|                                       |  |  |  |  |   | DOCUMENT TOTAL  | 37,600  |
| ATE                                   |  |  | He   | ealth And Human S  | Services Agency   | NUMBER OF LINES   | 2   |
| ODE BY                                |  |  | DEPARTMENT OR AGENCY NAME  |  |   | TRANSACTION<br>CODE TOTAL*  | 013   |
| 12/23/2014                            |  |  | Languales 3 co 119   |  |   |   | PAGE 1.00 DF1.00  |
|                                       | BUDGET TRANSF<br>* 002 =                   | REMOVE THE<br>ER MUST BE AT LE<br>INCREASE ESTIM | ETE THE INFORMATION OF THE INFOR | ON BELOW WITH JUSTIFI<br>UBMIT COMPLETE REQUI<br>OT EXCEED TWENTY-SIX  | CATION NARRATIVE OR ATTACH A MEN<br>EST TO THE AUDITOR / CONTROLLER'S<br>LINES AND USE AN "ODD AND EVEN" N<br>* 011 = INCREASE IN APPROPRIATION /   | OFFICE. UMBERED TRANSACTION ( BOS APPROVED  | CODE*   |
| TRANS<br>CODE NO.*                    | INDEX CODE<br>NUMBER                       | SUB OBJECT<br>NUMBER                             | USER CODE<br>NUMBER  | AMOUNT   | DESCRIPTION   | (50 CHA   | RACTERS MAX.)   |
| 002                                   | 7740702                                    | 1940   |  | 18,800   | FY 14-15 Budget Rev. Donation   |   |   |
| 011                                   | 7740702                                    | 4501   |  | 18,800   | FY 14-15 Budget Rev. Donation   |   |   |
|                                       |  |  |  |  |   |   |   |
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| OR<br>MAT 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 ADMINIS                              | TRATIVE OFFICE                                   | - ANALYST DATE   |  | SIGNATURE: CHAIRMAN, BOARD  | OF SUPERVISORS  | DATE  |
|                                       |  |  |  | DATE   |   |   |   |
|                                       | BY  12/2  A  TRANS CODE NO.*  002  011     | SFER #   | ISFER #  I 12/23/2014  DATE  COMPLE REMOVE THE A BUDGET TRANSFER MUST BE AT LE  1 002 = INCREASE ESTIM  1 003 = DECREASE ESTIM  TRANS CODE NO. NUMBER  002   | BUDG  HE BY  12/23/2014  COMPLETE THE INFORMATI REMOVE THE GOLD COPY AND S A BUDGET TRANSFER MUST BE AT LEAST TWO LINES, NO  1002 = INCREASE ESTIMATED REVENUE 003 = DECREASE ESTIMATED REVENUE  TRANS INDEX CODE NUMBER NUMBER  002 7740702 1940  011 7740702 4501  DEBUGG  TRANS OF THE GOLD COPY AND S NUMBER NUMBER NUMBER  TRANS OF THE GOLD COPY AND S NUMBER NUMBER  OUR TRANS OF THE GOLD COPY AND S NUMBER NUMBER  TRANS OF THE GOLD COPY AND S NUMBER NUMBER  OUR TRANS OF THE GOLD COPY AND S NUMBER NUMBER  TRANS OF THE GOLD COPY AND S NUMBER NUMBER  OUR TRANS OF THE GOLD COPY AND S NUMBER NUMBER  TRANS OF THE GOLD COPY AND S NUMBER NUMBER  OUR TRANS OF THE GOLD COPY AND S NUMBER NUMBER  TRANS OF THE GOLD COPY AND S NUMBER NUMBER  OUR TRANS OF THE GOLD COPY AND S NUMBER NUMBER  TRANS OF THE GOLD COPY AND S NUMBER NUMBER  OUR TRANS OF THE GOLD COPY AND S NUMBER NUMBER  TRANS OF THE GOLD COPY AND S NUMBER NUMBER  OUR TRANS OF THE GOLD COPY AND S NUMBER NUMBER  TRANS OUR TRANS OF THE GOLD COPY AND S NUMBER NUMBER  OUR TRANS OUR TRAN | BUDGET TRANSF  Health And Human S  DEPARTMENT OR  12/23/2014  COMPLETE THE INFORMATION BELOW WITH JUSTIFI REMOVE THE GOLD COPY AND SUBMIT COMPLETE REQUIRED THE THE INFORMATION BELOW WITH JUSTIFI REMOVE THE GOLD COPY AND SUBMIT COMPLETE REQUIRED TO SELECT TWENTY-SIX 1  *002 = INCREASE ESTIMATED REVENUE  TRANS | BUDGET TRANSFER REQUEST #1  Health And Human Services Agency  DEPARTMENT OR AGENCY NAME  12/23/2014  DATE  COMPLETE THE INFORMATION BLOW WITH INSTRICTATION AGRANTIVE OR ATTACA A MER REMOVE THE GOLD COPY AND SUBMIT COMPLETE REQUEST TO THE AUDITOR / CONTROLLERS A BUDGET TRANSFER MUST BE AT LEAST TWO LINES, NOT EXCEED TWENTY-SIX LINES AND USE AN "ODD AND EVEN" NO "003 = DECREASE ESTIMATED REVENUE"  TRANS CODE NO.* NUMBER | BUDGET TRANSFER REQUEST #1  Health And Human Services Agency  DEPARTMENT OF ADDRESS AGENCY  DEPARTMENT OF ADDRESS AGENCY  TRANSACTION CODE TOTAL*  12/23/2014  DATE  COMPLETE THE INFORMATION BELOW WITH JUSTIFICATION NAME AND FOLLOW INJURIES  REMOVE THE GOLD COPY AND SUBMIT COMPLETE REQUEST TO THE AUDITOR (CONTROLLER SOFICE A BUDGET TRANSFER MUST BE AT LEAST TWO LINES, NO TEXCEED TWENTYSKI LINES AND USE AN "ODD AND EVEN" NUMBERED TRANSACTION 102 = INCREASE ESTIMATED REVENUE 103 = DECREASE ESTIMATED REVENUE 104 = HORREASE IN APPROPRIATION JOSO APPROVED  TRANS INDEX CODE 104 - DATE  TRANS INDEX CODE 105 - DATE  TRANS 106 - DATE  DOCUMENT TOTAL NUMBER OF LINES  TRANSACTION TRANSACTION TRANSACTION TO THE AUDITOR (CONTROLLER DATE  DOCUMENT TOTAL NUMBER OF LINES TRANSACTION TRANSACTION TO THE AUDITOR (CONTROLLER DATE  DATE  CHIEF ADMINISTRATIVE OFFICE - ANALYST  CHIEF ADMINISTRATIVE OFFICE DATE  ATTEST: CLERK BOARD OF SUPERVISORS |