AUDITOR / CONTROLLER'S USE			EL DORADO COUNTY APPROPRIATION TRANSFER (29130 GOV. CODE)			TO BE COMPLETED BY THE DEPARTMENT			
TRANSFER# 2014088			BUDGET TRANSFER REQUEST #1			DOCUMENT TOTAL	100	,000	
DATE				Health and Human Services Agency - Community Service			NUMBER OF LINES	- 0	005
CODE BY				α	DEPARTMENT O	TRANSACTION CODE TOTAL*	_	046	
4/11/2016 DATE			Lowell	DEPARTMENT AUTHORIZATION S		5/2/202 PAGE 1 OF 1			
		A BUDGET TRANS	REMOVE TH	E GOLD COPY AI LEAST TWO LINE ATED REVENUE	MATION BELOW WITH JUST ND SUBMIT COMPLETE REC S, NOT EXCEED TWENTY-S	TIFICATION NARRATIVE OR ATTACH A ME QUEST TO THE AUDITOR / CONTROLLER' IX LINES AND USE AN "ODD AND EVEN" * 011 = INCREASE IN APPROPRIATION / * 012 = DECREASE IN APPROPRIATION /	S OFFICE. NUMBERED TRANSACTION BOS APPROVED	CODE* 924	
S F X	TRANS CODE NO.*	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION	(50 CHA	RACTERS MAX.)	
1	002	531160	1740 /		50,000	FY 15/16 BUD REV Sr Day Care	Inc fees		
2	011	531160 /	3004 /		25,000	FY 15/16 BUD REV Sr Day Care	inc extra	help	
3	011	531160 ~	4532 -		5,000	FY 15/16 BUD-REV Sr Day Care	inc client	t services	
4	011	531160	5300 -		14,000	FY 15/16 BUD REV Sr Day Care	inc anter	fund -	
5	011	531160	7250 -		6,000	FY 15/16 BUD REV Sr Day Care			14.14
6		9							
7	Š	1:6							
8		est.							
9	00	N				Leg	istar #16-0=	#3 0602	
10	<u>x</u>					()	0/14/16 1	Agenda	
11	DIT	9			48.			()	
12	7	^							
13									
F		JOE HARN, C.P.	A. AUDITOR / CO	- ANALYST	DATE CALLED DATE CALLED DATE	SIGNATURE: CHAIRMAN, BOARD ATTEST: CLERK, BOARD OF SUPE	OF SUPERVISORS	EETING OF THE BOARD O	O OR OF
S:WPFO	RMS\BUDGET TRAN				YELLOW - AUDITOR / PINK	- CHIEF ADMINISTRATIVE OFFICE / GOLD			

AUDITOR / CONTROLLER'S USE				EL DORADO COUNTY APPROPRIATION TRANSFER (29130 GOV. CODE)			TO BE COMPLETED BY THE DEPARTMENT		
TRANSFER#		2014089		BUDGET TRANSFER REQUEST #1			DOCUMENT TOTAL	600,000	
DATE				Health and Human Services Agency - Mental Health			NUMBER OF LINES	000	
CODE BY				DEPARTMENT OR AGENCY NAME			TRANSACTION CODE TOTAL*	06	
5/18/2016				5/23/1/2 DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER				PAGE 1 OF 1	
		BUDGET TRANS	REMOVE TH	E GOLD COPY . LEAST TWO LIN ATED REVENUI	RMATION BELOW WITH JUST AND SUBMIT COMPLETE REC IES, NOT EXCEED TWENTY-S	IFICATION NARRATIVE OR ATTACH A MIQUEST TO THE AUDITOR / CONTROLLER X LINES AND USE AN "ODD AND EVEN" * 011 = INCREASE IN APPROPRIATION / * 012 = DECREASE IN APPROPRIATION /	'S OFFICE. NUMBERED TRANSACTION BOS APPROVED	CODE* qh/	
S F X	TRANS CODE NO.*	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION		RACTERS MAX.)	
4	002 /	531112	1100 -		100,000	FY 15/16 BUD REV LIHEAP Gra	ant increase Inc Re	V Fed other	
2	002/	531112	2020 /		100,000	FY 15/16 BUD REV GF increase	e from AAA	o 2st In	
3	011	531113	3001 /		60,000	FY 15/16 BUD REV LIHEAP Inc	rease Exp	Jens Entryce	
4	011	531112	4500		30,000	FY 15/16 BUD REV LIHEAP Inc	rease Exp	Sur- Plant Exp	
5	011	531112	5013 /		110,000	FY 15/16 BUD REV LIHEAP Inc	rease Exp	- arie Man Grow	
6	003	531301	2020 /		100,000	FY 15/16 BUD REV AAA GF to	LIHEAP Dec op &	lry In	
7	012	531307	3000 ~		50,000	FY 15/16 BUD REV AAA GF to	LIHEAP Der Per	m Employee	
8	012	531307	5300 /		50,000	FY 15/16 BUD REV AAA GF to	LIHEAP Dec In	lespund	
9								A W	
10									
11						Louista	#16-000	0602	
12		^				(0)14	Hill Agonda		
13		11 /1					,, ,		
REVIEW FOR FORMAT	ВУ	CHIEF ADMINIS	A. AUDITOR / CO	and - ANALYST	DATE Left Ile DATE Left Ile DATE DATE	APPROVED AND SO ORDERED THAT AMENDED) AND INCORPORATED I SUPERVISORS SIGNATURE: CHAIRMAN, BOARD ATTEST: CLERK, BOARD OF SUPER	OF SUPERVISORS	EETING OF THE BOARD OF	