

AUDITOR / CONTROLLER'S USE	
TRANSFER #	2016097
DATE	
CODE BY	

EL DORADO COUNTY APPROPRIATION TRANSFER (29130 GOV. CODE)

BUDGET TRANSFER REQUEST #1

Health and Human Services Agency - Social Services
DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	1,827,856 ✓
NUMBER OF LINES	005 ✓
TRANSACTION CODE TOTAL*	037 ✓

4/21/2016
DATE

Scott
52116 DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

PAGE 1.00 OF 1.00

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* *800/*

* 002 = INCREASE ESTIMATED REVENUE * 011 = INCREASE IN APPROPRIATION / BOS APPROVED
* 003 = DECREASE ESTIMATED REVENUE * 012 = DECREASE IN APPROPRIATION / BOS APPROVED

16-0423 6/14/16

S F X	TRANS CODE NO.*	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	002 ✓	7776302 ✓	0606 ✓		456,964	FY 15/16 BUD REV - 1991 SS Realignment Growth <i>Inc Rev</i>
2	011 ✓	7776302 ✓	7000 ✓		456,964	FY 15/16 BUD REV - 1991 SS Realignment Growth <i>Inc OF TOP OUT</i>
3	002 ✓	530200 ✓	2027 ✓		456,964	FY 15/16 BUD REV - 1991 SS Realignment Growth <i>Inc OF TSPIN</i>
4	011 ✓	530500 ✓	4500 ✓		356,964	FY 15/16 BUD REV - 1991 SS Realignment Growth <i>Inc Sp cont ETP</i>
5	011 ✓	530500 ✓	7200 ✓		100,000	FY 15/16 BUD REV - 1991 SS Realignment Growth <i>Inc Intrafund</i>
6						
7						
8						
9						
10						
11						<i>Legistar # 16-0423</i>
12						<i>6/14/16 Agenda</i>
13						

REVIEWED FOR FORMAT BY

Joe Harn 6-13-16
JOE HARN, C.P.A. AUDITOR / CONTROLLER DATE

Laura Schwartz 6/2/16
CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE

Laura Schwartz 6/2/16
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] 6/14/16
SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS DATE

[Signature]
ATTEST: CLERK, BOARD OF SUPERVISORS