IKAN	I KANSFER #			BEDGE			TO BE COMPLETED BY THE DEPARTMENT	THE DEPARTMENT
DATE	A SUSTRIA				JEI IKANSTER	SFER REQUEST #1	DOCUMENT TOTAL	322 112
CODE	ЗВY			T DIN	Public	Public Health Department	NUMBER OF LINES	15
	111	2/17		1 marries			TRANSACTION CODE TOTAL*	156
		DATE	COMPL		DÉPARTMENT AUTHORIZATIO	DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER		PAGE 1 OF
		A BUDGET TRANSF * 002 = * 003 =	REMOVE THE GOLD COPY AN RANSFER MUST BE AT LEAST TWO LINE: * 002 = INCREASE ESTIMATED REVENUE * 003 = DECREASE ESTIMATED REVENUE	E GOLD COPY AND S EAST TWO LINES, N ATED REVENUE ATED REVENUE	UBMIT COMPLETE REQ OT EXCEED TWENTY-SI	A BUDGET TRANSFER MUST BE AT LEAST TWO LINES, NOT EXCEED TWENTY-SIX LINES AND USE AN "002 = INCREASE ESTIMATED REVENUE * 003 = DECREASE ESTIMATED REVENUE * 003 = DECREASE ESTIMATED REVENUE * 003 = DECREASE ESTIMATED REVENUE * 012 = DECREASE IN ADDITION / BOS APPROVED * 012 = DECREASE IN ADDITION / BOS APPROVED	FFICE. IBERED TRANSACTION CODE	
N т X	TRANS CODE NO.*	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION	INTERIO I	
-1	002	404150	0760				(50 CHARACTERS MAX.)	ERS MAX.)
2	011	404150	3000		101,056	FY 07/08 Bud Rev DUI Court Expan Grant EDC Sup Ct	an Grant EDC Sup Ct	
ω	011	404150	3020		10,707	FY 07/08 Bud Rev DUI Court Expan Grant EDC Sup Ct	In Grant EDC Sup Ct	
4	011	404150	3022		2,050		In Grant EDC Sup Ct	
UI	011	404150	3040		155	FY 07/08 Bud Rev DUI Court Expan Grant EDC Sup Ct	n Grant EDC Sup Ct	
6	011	404150	3041		1,645	FY 07/08 Bud Rev DUI Court Expan Grant EDC Sup Ct	n Grant EDC Sup Ct	
7	011	404150	2010		195	FY 07/08 Bud Rev DUI Court Expan Grant EDC Sup Ct	n Grant EDC Sup Ct	
∞	011	404150	3042		30	FY 07/08 Bud Rev DUI Court Expan Grant EDC Sup Ct	n Grant EDC Sup Ct	
9	011	404150	2020		242	FY 07/08 Bud Rev DUI Court Expan Grant EDC Sup Ct	Grant EDC Sup Ct	
10	011	404150	1200		135	FY 07/08 Bud Rev DUI Court Expan Grant EDC Sup Ct	1 Grant EDC Sup Ct	
1	011	404150	AEOO		95,000	FY 07/08 Bud Rev DUI Court Expan Grant EDC Sup Ct	Grant EDC Sup Ct	
12	011	404150	4502		750	FY 07/08 Bud Rev DUI Court Expan Grant EDC Sun Ct	Grant EDC Sup Ct	
13	011	404150	4003		500	FY 07/08 Bud Rev DUI Court Expan Grant EDC Sun Ct	Grant EDC Sup Ct	
REVIEWED	ED	TOT I DO	4000		3,000	FY 07/08 Bud Rev DUI Court Expan Grant EDC Sup Ct	Grant EDC Sup Ct	
FOR FORMAT BY		JOE HARN, C.P.A. AUDITOR / CONTROLLER	NUDITOR / CONT	ROLLER		APPROVED AND SO ORDERED THAT THE OR AMENDED) AND INCORPORATED IN THE SUPERVISORS OF T	AND SO ORDERED THAT THE ABOVE TRANSFERS BE MADE (AS REQUESTED D) AND INCORPORATED IN THE MINUTES OF THIS MEETING OF THE BOARD OF SUPERVISORS OF THE COUNTY OF THIS MEETING OF THE BOARD OF	E (AS REQUESTE
	ol		TIVE OFFICE - A	NALYST		SIGNATURE: CHAIRMAN BOADD OF SUBFRINGES		
		CHIEF ADMINISTRATIVE OFFICE - ANALYST			DATE			

AUDIT TRANSFER # DATE	#	R'S USE	BU	ET TR	FER RE	REQUEST #1	#
			Wins	Public	Public Health Department	NUMBER OF LINES	15
				DEPAKIMENI	UEFARTMENT OR AGENCY NAME	TRANSACTION CODE TOTAL*	156
	DATE						
		COMDI		DEPARTMENT AUTHORIZATION :	DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER		
	A BUDGET TRANSF	REMOVE THE	E IE THE INFORMAT GOLD COPY AND S EAST TWO LINES, N	A BUDGET TRANSFER MUST BE AT LEAST TWO LINES, NOT EXCEED TWENTY-SIX LINES AND USE	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. IUST BE AT LEAST TWO LINES, NOT EXCEED TWENTY-SIX LINES AND USE AN "ODD AND EVEN" NUMBERED TRANSACTION CODE*	). FFICE. IBERED TRANSACTION C	200 m
	* 002 = * 003 =	* 002 = INCREASE ESTIMATED REVENUE * 003 = DECREASE ESTIMATED REVENUE	ATED REVENUE		* 011 = INCREASE IN APPROPRIATION / BOS APPROVED * 012 = DECREASE IN APPROPRIATION / BOS APPROVED	OS APPROVED	
S TRANS F CODE NO.*	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION	100 Mar	(50 CHARACTERS MAX )
14 011	404150	4602	AND DESCRIPTION OF A DE	175			the second s
15 011	404150	5300		46 472	EV 07/08 Bud Boy DUI Court Expan Grant EDC Sup Ct	an Grant EDC Sup Ct	
16						an Grant EDC Sup Ct	
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
REVIEWED FOR FORMAT BY					APPROVED AND SO ORDERED THAT THE ABOVE TRANSFERS BE MADE (AS REQUESTED OR AMENDED) AND INCORPORATED IN THE MINITES OF THIS AFTER ADD (AS REQUESTED	HE ABOVE TRANSFERS B	E MADE (AS REQUESTED
<u> </u>	OE HARN, C.P.A.	JOE HARN, C.P.A. AUDITOR / CONTROLLER	<b>FROLLER</b>	DATE	SUPERVISORS OF THE COUNTY OF EL DORADO	SUPERVISORS OF THE COUNTY OF EL DORADO	Leting of the board of Vado
ol	HIEF ADMINISTR	CHIEF ADMINISTRATIVE OFFICE - ANALYST	ANALYST	DATE	SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS	SUPERVISORS	DATE
CHIEF A		DISTRIBUTION	WHITE _ ROS / VEI	DATE	VE OFFICE DATE ATTEST: CLERK, BOARD OF SUPERVISORS	/ISORS	NOV 7'07 PH 1:16