AUDITOR / CONTROLLER'S USE			EL DORADO COUNTY APPROPRIATION TRANSFER (29130 GOV. CODE)			TO BE COMPLETED BY THE DEPARTMENT		
DATE CODE BY		a <sup>f</sup>		BUDGET TRANSFER REQUEST # 1			DOCUMENT TOTAL	30,000
				Dept 15 6 brand Jury DEPARTMENT OR AGENCY NAME		NUMBER OF LINES	3	
						TRANSACTION CODE TOTAL *	34	
	54	12-08 DATE			DEPARTMENT AUTI	HORIZATION SIGNATURE AND PHONE NUMBER		PAGE / OF /
COMPLETE THE INFORMATION BELOW, WITH JUSTIFICATION NARRATIVE OR ATTACH A MEMO. REMOVE THE GOLD COPY AND SUBMIT COMPLETED REQUEST TO THE AUDITOR / CONTROLLER'S OFFICE.								
A BUDGET TRANSFER REQUEST MUST BE AT LEAST TWO LINES, NOT EXCEED TWENTY SIX LINES, AND USE AN "ODD AND EVEN" NUMBERED TRANSACTION CODE *								
				STIMATED REVENUE * 011 = INCREASE IN APPROPRI STIMATED REVENUE * 012 = DECREASE IN APPROPRI				
S F X	TRANS CODE NO. 1	INDEX GODE NUMBER	SUB OBJECT NUMBER	USER GODE NUMBER	AMOUNT	DESCRIPTION	(60 CHARAC	ters max)
4	012	151000	1100		15,000	Cont. Trf to 6v	und Jury	
2.	011	191000	4127		1,000		7	
3	DII	191000	4602		8,000			
4								
5								
6								,
7								
8								
10	.,							
11	Action Control of the							
12							AND	
13					,			
REVIEWED FOR FORMAT BY	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					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		
	JC	JOE HARN, C.P.A. AUDITOR / CONTROLLER			DATE			
***	CHIEF ADMINISTRATIVE OFFICE - ANAL.  CHIEF ADMINISTRATIVE OFFICE			ALYST	DATE SIGNATURE: CHAIRMA		I, BOARD OF SUPERVISORS	DATE
_				E	DATE	ATTEST: CLERK, BO	DARD OF SUPERVISORS	