CODE DATE TRANSFER# 묑 **AUDITOR / CONTROLLER'S USE BUDGET TRANSFER REQUEST #1** EL DORADO COUNTY APPROPRIATION TRANSFER (29130 GOV. CODE) **Human Services Department** DEPARTMENT OR AGENCY NAME 5/63 DOCUMENT TOTAL NUMBER OF LINES CODE TOTAL* TRANSACTION TO BE COMPLETED BY THE DEPARTMENT PAGE 10F 286,000.00 5 ယ

A BUDGET TRANSFER MUST BE AT LEAST TWO LINES, NOT EXCEED TWENTY-SIX LINES AND USE AN "ODD AND EVEN" NUMBERED TRANSACTION CODE: REMOVE THE GOLD COPY AND SUBMIT COMPLETE REQUEST TO THE AUDITOR / CONTROLLER'S OFFICE. COMPLETE THE INFORMATION BELOW WITH JUSTIFICATION NARRATIVE OR ATTACH A MEMO. DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

* 011 = INCREASE IN APPROPRIATION / BOS APPROVED
* 012 = DECREASE IN APPROPRIATION / BOS APPROVED

002 = INCREASE ESTIMATED REVENUE 003 = DECREASE ESTIMATED REVENUE

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CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE SIGNATURE: C

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS

DATE

CHIEF ADMINISTRATIVE OFFICE

ATTEST: CLERK, BOARD OF SUPERVISORS

DATE

FORMAT BY

JOE HARN, C.P.A. AUDITOR / CONTROLLER

DATE

OR AMENDED) AND INCORPORATED IN THE MINUTES OF THIS MEETING OF THE BOARD OF

SUPERVISORS OF THE COUNTY OF EL DORADO

APPROVED AND SO ORDERED THAT THE ABOVE TRANSFERS BE MADE (AS REQUESTED