

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

EL DORADO COUNTY APPROPRIATION TRANSFER (29130 GOV. CODE)

BUDGET TRANSFER REQUEST #1

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

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	320,000
NUMBER OF LINES	003
TRANSACTION CODE TOTAL*	024

6/14/2016
DATE

DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

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*

* 002 = INCREASE ESTIMATED REVENUE
 * 003 = DECREASE ESTIMATED REVENUE

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

S F X	TRANS CODE NO.*	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	002	7753420	1943		160,000	FY 15/16 BUD REV Ronald Newman Trust
2	011	7753420	4500		20,000	FY 15/16 BUD REV Ronald Newman Trust
3	011	7753420	7700		140,000	FY 15/16 BUD REV Ronald Newman Trust
4						
5						
6						
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11						
12						
13						

REVIEWED FOR FORMAT BY

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

 CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE

 SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS DATE

 CHIEF ADMINISTRATIVE OFFICE DATE

 ATTEST: CLERK, BOARD OF SUPERVISORS