

TRANSFER #	2015089
DATE	
CODE BY	

BUDGET TRANSFER REQUEST #1

DOCUMENT TOTAL	30948.74
NUMBER OF LINES	3
TRANSACTION CODE TOTAL*	24

Probation

DEPARTMENT OR AGENCY NAME

6/4/15
DATE

[Signature]
DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER 5958

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

BOS 6/23/15

S F X	TRANS CODE NO.*	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	2	254100	0880	PB25009	\$ 15,474.37	Bud Rev 1415 Yr 1 S&B and Travel PTSP-EDC Sup Ct
2	11	254100	3000		\$ 15,000.00	Bud Rev 1415 Yr 1 S&B PTSP-EDC Sup Ct
3	11	254100	4600	PB25009	\$ 474.37	Bud Rev 1415 Yr 1 Travel PTSP-EDC Sup Ct
4						
5						
6						
7						
8						
9						
10						<i>Add One FTE Dep. Probation Officer</i>
11						<i>Pretrial Supervision Program</i>
12						BOS No. 15-0747
13						

AUDITOR-CONTROLLER
5 JUN -5 AM 9:12

REVIEWED FOR FORMAT BY

[Signature]
JOE HARM, C.P.A. AUDITOR / CONTROLLER

DATE

6-9-15

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]
SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS

DATE

6-23-15

CHIEF ADMINISTRATIVE OFFICE

DATE

[Signature]
ATTEST: CLERK, BOARD OF SUPERVISORS

6-23-15