TRANSFER # A BUDGET TRANSFER REQUEST ## A A A A A A A A A		AUDIT	AUDITOR / CONTROLLER'S USE	rs use		ORADO COUNTY APPROPRIATI	DORADO COUNTY APPROPRIATION TRANSFER (29130 GOV. CODE)	TO BE COMPLETED BY THE DEPARTMENT	Y THE DEPARTMENT
PAGICAL PRINCE	TRAN	ISFER#			BUD	-	REQUEST	DOCUMENT TOTAL	23,756
19/2017 Charleine Carvein 621-6522 CODE COD	DATE					Agriculture		NUMBER OF LINES	4
19/2017 Charlene Carvath 871-4582 Charlene Carvath 8	COD	: BY				DEPARTMENT O	R AGENCY NAME	TRANSACTION CODE TOTAL*	026
TRANSFER MUST E ACT THE INFORMATION BELOW WITH JUSTIFICA * 002 = INCREASE ESTIMATED REVENUE * 0.02 = INCREASE ESTIMATED REVENUE * 0.02 = INCREASE ESTIMATED REVENUE * 0.02 = INCREASE ESTIMATED REVENUE * 0.03 = DECREASE ESTIMATED REVENUE * 0.03 = DECREASE ESTIMATED REVENUE * 0.03 = DECREASE ESTIMATED REVENUE * 0.03 = 0.04 * 0.03 = SUB OBJECT USER CODE 9,878			05/19/201; DATE			Charlene Carveth 621-5522 DEPARTMENT AUTHORIZATION S	IGNATURE AND PHONE NUMBER		10F
CODE SUB OBJECT USER CODE AMOUNT CODE SUB OBJECT USER CODE AMOUNT 200 0720 9,878 200 1200 2,000 000 4462 2,000 000 4462 2,000 RN, C.P.A. AUDITOR / CONTROLLER DATE DAMINISTRATIVE OFFICE - ANALYST DATE		A	N BUDGET TRANSFI	COMPLI REMOVE THE ER MUST BE AT LE	ETE THE INFORM, GOLD COPY AND EAST TWO LINES,	ATION BELOW WITH JUSTIFI SUBMIT COMPLETE REQUI NOT EXCEED TWENTY-SIX	ICATION NARRATIVE OR ATTACH A MEMC EST TO THE AUDITOR / CONTROLLER'S O LINES AND USE AN "ODD AND EVEN" NU * A44 - INCERACE IN ADDITION / E	O. DFFICE. MBERED TRANSACTION CO.	DE*
CODE SUB OBJECT USER CODE AMOUNT 200 0720 9,878 200 3000 2,000 000 4462 2,000 000 4462 2,000 RN, C.P.A. AUDITOR / CONTROLLER DATE ADMINISTRATIVE OFFICE DATE			* 007 * 003 *	INCREASE ESTIM, DECREASE ESTIM	ATED REVENUE IATED REVENUE		* 012 = DECREASE IN APPROPRIATION /	BOS APPROVED	
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000 1200 2,000 000 4462 2,000	2	011	262200	3000		9,878	FY 16/17 CDFA 16-0092 INC Sal	lary & Benefits	
000 4462 2,000 1 2,000 2,000 1 2,000 2,000 1 2,000 2,000 1 2,000 2,000 1 2,000 2,000 1 2,000 2,000 1 2,000 2,000 1 2,000 2,000 1 2,000 2,000 1 2,000 2,000 1 2,000 2,000 1 2,000 2,000 2 2,000 2,000 3 2,000 2,000 4 2,000 2,000 5 2,000 2,000 6 2,000 2,000 6 2,000 2,000 7 2,000 2,000 8 2,000 2,000 9 2,000 2,000 1 2,000 2,000 1 2,000 2,000 1	3	002	261000	1200		2,000	FY 16/17 CACASA CALPEATS N	Mobile Dev Purchase	
RN, C.P.A. AUDITOR / CONTROLLER ADMINISTRATIVE OFFICE - ANALYST ADMINISTRATIVE OFFICE	4	011	261000	4462		2,000	FY 16/17 CACASA CALPEATS N	Mobile Dev Purchase	
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RN, C.P.A. AUDITOR / CONTROLLER DATE DMINISTRATIVE OFFICE - ANALYST DATE	REV FORM	IEWED OR NAT BY					APPROVED AND SO ORDERED THAT OR AMENDED) AND INCORPORATED I	THE ABOVE TRANSFERS BI IN THE MINUTES OF THIS ME OF THE COUNTY OF EL DOB	EETING OF THE BOARD OF
ADMINISTRATIVE OFFICE - ANALYST DATE SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS ATTEST: CLERK, BOARD OF SUPERVISORS			JOE HARN, C.P./	A. AUDITOR / CO	NTROLLER	DATE			
DMINISTRATIVE OFFICE			CHIEF ADMINIST	TRATIVE OFFICE	- ANALYST	DATE	1	OF SUPERVISORS	DATE
			CHIEF ADMINIST	TRATIVE OFFICE		DATE	ATTEST: CLERK, BOARD OF SUPE	ERVISORS	