

AUDITOR / CONTROLLER'S USE	
TRANSFER #	2017064
DATE	
CODE BY	

EL DORADO COUNTY APPROPRIATION TRANSFER (29130 GOV. CODE)

BUDGET TRANSFER REQUEST #1

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	853,010
NUMBER OF LINES	41
TRANSACTION CODE TOTAL*	443

Health and Human Svc, Department of Human Services, CS

DEPARTMENT OR AGENCY NAME

5/22/2017
DATE

Eric Charles Heath 5/24/17
DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

PAGE 1 OF 1

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

921

S F X	TRANS CODE NO.*	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1						FY 16/17 -CS CCP Budget Transfer
2						***See attached Interface for detail***
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						

REVIEWED FOR FORMAT BY

Joe Harn 5/24/17
JOE HARN, C.P.A. AUDITOR / CONTROLLER DATE

Melissa B. Russell 5/24/17
CHIEF ADMINISTRATIVE OFFICE ANALYST DATE

Dina Lopez 5/24/2017
CHIEF ADMINISTRATIVE OFFICE 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

Shirley C. [Signature] 6/6/17
SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS DATE

[Signature]
ATTEST: CLERK, BOARD OF SUPERVISORS

