

BUDGET TRANSFER REQUEST #1

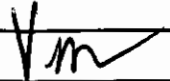
TO BE COMPLETED BY THE DEPARTMENT

DOCUMENT TOTAL	4,000.00
NUMBER OF LINES	2
TRANSACTION CODE TOTAL*	13

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

District Attorney

DEPARTMENT OR AGENCY NAME



DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

11/20/2013

DATE

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

S F X	TRANS CODE NO.*	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	002	7722364	0001		2,000.00	FY 13/14 Drug Store Project Training (13-0254 V2)
2	011	7722364	4501		2,000.00	FY 13/14 Drug Store Project Training (13-0254 V2)
3						
4						
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11						
14						
15						
16						

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