	AUDITOR / CONTROLLER'S USE	JSE	EL DORAD	EL DORADO COUNTY APPROPRIATION TRANSFER (20130 GOV. CODE)		29130 GOV. CODE)	TO BE COMPLETED I	TO BE COMPLETED BY THE DEPARTMENT	
TRANSFER#				BUDGEI IRANDLI	\$		DOCUMENT TOTAL	214,00.00	_
DATE			Healt	ع	Services Dept/PHFinance	inance	NUMBER OF LINES	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
CODE BY			Qua	DEPARTMEN	f or 'agency name		TRANSACTION CODE TOTAL *	0%0	
			yone	ley 23/2409	6	a de fina o e esta de desta de de de de de de ser esta de ser esta de		and and a second se	7
31	13 09		1	Acleui	ex 3/13	s/o1		PAGE OF	
-	DATE			DEPARTMENT AUT	HORIZATION SHEHATUKE AN	Ó PHÓNE NUMBER			
		CON REMOVE	NPLETE THE I		WITH JUSTIFICATION LETED REQUEST TO	COMPLETE THE INFORMATION BELOW, WITH JUSTIFICATION NARRATIVE OR ATTACH A MEMO. REMOVE THE GOLD COPY AND SUBMIT COMPLETED REQUEST TO THE AUDITOR / CONTROLLER'S OFFICE.	1 A MEMO. XLLER'S OFFICE.		-
ABUDI	A BUDGET TRANSFER REQUEST MUST BE AT LEAST • 002 = NCREASE ESTIMATED REV • 003 = DECREASE ESTIMATED REV	Equest must be at least increase estimated rev decrease estimated rev	TIMATED REV TIMATED REV TIMATED REV		==D TWENTY SIX LINE • 011 = IN • 012 = D	es, and use an "odd a Icrease in Appropri Ecrease in Appropri	1 WO LINES, NOT EXCEED TWENTY SIX LINES, AND USE AN "ODD AND EVEN" NUMBERED TRANSACTION CODE • 011 = Increase in Appropriation / Bos Approved • 012 = Decrease in Appropriation / Bos Approved • 012 = DECREASE IN Appropriation / Bos Approved	SACTION CODE •	
SHIT SHIT	NUMBER 1	ALPORTON UNDER	NUMBER .	Autouse		huseherov	lee bijnetet	(or bis address of the second	
10	405210	3000	4	5600000	ET UZ/09	Bud Rev. 9	Por CA Hea	HealthCare	
		42 bu		1, 000,00	-				
110 8	405210	4300		25 460.00					
011	405210	4600		540,00					
011	9	7254		200000					
002	405210	0751		100,000,00					
110	401111	4500		7,000,00					
012	40111	7384		7,000.00		\leftarrow	>		
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		-) om PC	Enant Awa	Awarded from C	A Health Care	
9						σ	EL Specialty	Lare	
		-			Juitlative	v.e.			-
8						-			
83 7									
REVIEWED FOR FORMAT BY			-		APPROVED ANC AMENDED) AI) 80 ORDERED THAT TH ND INCORPORATED IN 1 SUPERVISORS O	APPROVED AND 80 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	ADE (AS REQUESTED OR NG OF THE BOARD OF DO	_
JOEI	JOE HARN, C.P.A. AUDITOR / CONTROLLER	NTOR / CONTR	OLLER	DATE					
CHIE	CHIEF ADMINISTRATIVE OFFICE - ANALYST	E OFFICE - AN	ALYST	DATE	100	signature: Chairman	SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS	DATE	
)					,				
	CHIEF ADMINISTRATIVE OFFICE	RATIVE OFFICI	111	DATE	***	ATTEST: CLERK, BC	ATTEST: CLERK, BOARD OF SUPERVISORS		
	DISTRIB	THW SUCION	.E - BOS / YEI	LLOW - AUDITOR / PIN	ik - Chief Administr	DISTRIBUTION: WHITE - BOS / YELLOW - AUDITOR / PINK - CHIEF ADMINISTRATIVE OFFICE / GOLD - DEPARTMENT	. DEPARTMENT		