

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

EL DORADO COUNTY APPROPRIATION TRANSFER (20130 GOV. CODE)
BUDGET TRANSFER REQUEST # 1

Health Services Dept / PH Finance
 DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	214,000.00
NUMBER OF LINES	8
TRANSACTION CODE TOTAL*	080

3/13/09

DATE

3/13/09
 [Signature]
 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 COMPLETED REQUEST TO THE AUDITOR / CONTROLLER'S OFFICE.
 A BUDGET TRANSFER REQUEST 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

TRANS CODE NO.	INDEX CODE NUMBER	SUB-SECTION NUMBER	TRANS CODE NUMBER	AMOUNT	DESCRIPTION	(SEE INSTRUCTIONS PAGE)
011	405210	3000	5	56,000.00	Fr 02/09 Bud Rev. For CA HealthCare	
011	405210	4260		1,000.00		
011	405210	4300		35,460.00		
011	405210	4600		540.00		
011	405210	7254		2000.00		
002	405210	1940		100,000.00		
011	401111	4500		2,000.00		
012	401111	7384		2,000.00		
					24mo Grant Awarded from CA HealthCare Assoc. for ACCEL Specialty Care Initiative	

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

JOE HARN, C.P.A. AUDITOR / CONTROLLER DATE
 CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE
 CHIEF ADMINISTRATIVE OFFICE DATE
 SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS DATE
 ATTEST: CLERK, BOARD OF SUPERVISORS

DISTRIBUTION: WHITE - BOS / YELLOW - AUDITOR / PINK - CHIEF ADMINISTRATIVE OFFICE / GOLD - DEPARTMENT