

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

EL DORADO COUNTY APPROPRIATION TRANSFER ( 29130 GOV. CODE )

# BUDGET TRANSFER REQUEST #1

HHSA - Community Services

DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	-
NUMBER OF LINES	4
TRANSACTION CODE TOTAL*	NA

5/24/2018  
DATE

*Bobini Charles Heather* 5/24/18  
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      \* 011 = INCREASE IN APPROPRIATION / BOS APPROVED  
\* 003 = DECREASE ESTIMATED REVENUE      \* 012 = DECREASE IN APPROPRIATION / BOS APPROVED

S F X	D/C	FENIX Org	SUB OBJECT NUMBER	PL String	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	C	5210150	2020	52PHA20180-52100-50200-52ADMIN18	(50,000)	FY 17-18 General Fund Contribution Inc GF Revenue
2	D	5210150	1100	52PHA20180-52100-50200-52ADMIN18	50,000	FY 17-18 Dec Fed Revenue
3	D	5210140	2020	52AAA00000-52220-50100-52GF	50,000	FY 17-18 General Fund Contribution Dec GF Revenue
4	C	5210140	4060	52AAAIIC0-52AAASRNT-50500-WS	(50,000)	FY 17-18 Dec Food Expense
5						
6						
7						
8						
9						
10						
11						
12						
13						

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