

BUDGET TRANSFER REQUEST # 1

BUDGET TRANSFER REQUEST # 1

DEPARTMENT OR AGENCY NAME

2

TO BE ACHIEVED BY THE NEOPATIENT

DOCUMENT TOTAL:

DOCUMENT TOTAL 126 000

NUMBER OF LINES

W

TRANSACTION CODE

TOTAL:

24

TRANSEFER #

DATE _____

CODE BY

DATE 4/13/09

DEPARTMENT AUTHORIZATION SIGNATURE AND #

X529

PAGE 1 OF 1

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DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

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

* 012 = DECREASE IN APPROPRIATION / B08 APPROVED

ATION / BDS APPROVED

Line	Trans Code	Trans Date	Trans Amount	Trans Balance	Trans Description	Trans Reference
1	002	244125	0880		FY 08/09 CALMNET Grant - Yolo County	
2	011	244125	5240		FY 08/09 CALMNET - Contrib: Non-County	
3	011	244125	4605		FY 08/09 CALMNET - Vehicle Rental	
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						

**PREVIEWED
FOR
FORMAT BY**

JOE HARRY, C.F.A. AUDITOR / CONTROLLER

DATE _____

APPROVED AND SO ORDERED THAT THE ABOVE TRANSFERS BE MADE (AS REQUESTED ON AMENDES) 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

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