

|                   |                                   |
|-------------------|-----------------------------------|
|                   | <b>AUDITOR / CONTROLLER'S USE</b> |
| <b>TRANSFER #</b> |                                   |
| <b>DATE</b>       |                                   |
| <b>CODE BY</b>    |                                   |

|                                   |        |
|-----------------------------------|--------|
| TO BE COMPLETED BY THE DEPARTMENT |        |
| DOCUMENT TOTAL                    | 74,000 |
| NUMBER OF LINES                   | 3      |
| TRANSACTION CODE<br>TOTAL *       | 34     |

4-20-69

PAGE / OF

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 | * 011 = INCREASE IN APPROPRIATION / BOS APPROVED |
| * 003 = DECREASE ESTIMATED REVENUE | * 012 = DECREASE IN APPROPRIATION / BOS APPROVED |

| LINE NO. | TRANS CODE # | INDEX CODE # | DATE   | AMOUNT | DEBIT | CREDIT | DESCRIPTION                    | DATE |
|----------|--------------|--------------|--------|--------|-------|--------|--------------------------------|------|
| 1        | 012          | 151000       | 7/00   | 37,000 |       |        | Conting Trf to Public Defender |      |
| 2        | 011          | 233000       | 4/31/7 | 28,250 |       |        | "                              |      |
| 3        | 011          | 233000       | 4/32/3 | 8,150  |       |        | "                              |      |
| 4        |              |              |        |        |       |        |                                |      |
| 5        |              |              |        |        |       |        |                                |      |
| 6        |              |              |        |        |       |        |                                |      |
| 7        |              |              |        |        |       |        |                                |      |
| 8        |              |              |        |        |       |        |                                |      |
| 9        |              |              |        |        |       |        |                                |      |
| 10       |              |              |        |        |       |        |                                |      |
| 11       |              |              |        |        |       |        |                                |      |
| 12       |              |              |        |        |       |        |                                |      |
| 13       |              |              |        |        |       |        |                                |      |

**REVIEWED  
FOR  
FORMAT BY**

**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**

| DATE | JOE HARN, C.P.A. AUDITOR / CONTROLLER |
|------|---------------------------------------|
|------|---------------------------------------|

DATE 4-20-09

DATE \_\_\_\_\_

CHIEF ADMINISTRATIVE OFFICE - ANALYST

**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**