

BUDGET APPROPRIATION TRANSFER REQUEST

DEPARTMENT NAME: **District Attorney-Workers Compensation Insurance Fraud Unit-20136**

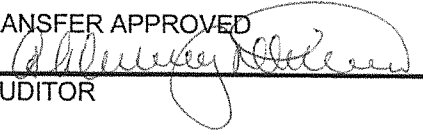
Auditor Number: **B-54**
Date:

- 1 - 2) These transfers are needed to cover all salary & benefits expenses through 6/30/19.
- 3 - 6) This transfer is needed in order to expend all grant funds allocated to the Workers Compensation Insurance Fraud grant by 6/30/19.

| FROM | | | | TO | | | |
|-----------------------|----------------|---------------------------|-------------|-----------------------|----------------|------------------------|-------------|
| FUND DEPT NO | ACCOUNT NUMBER | ACCOUNT NAME | AMOUNT | FUND DEPT NO | ACCOUNT NUMBER | ACCOUNT NAME | AMOUNT |
| 1) 20136 | 51015 | Pay in Lieu/Misc. Payouts | \$ 15.00 | 20136 | 51010 | Salary/Wages | \$ 15.00 |
| 2) 20136 | 51015 | Pay in Lieu/Misc. Payouts | \$ 4.00 | 20136 | 51031 | Unemployment Insurance | \$ 4.00 |
| 3) 20136 | 51020 | PERS | \$ 41.00 | 20136 | 53220 | Office Expense | \$ 41.00 |
| 4) 20136 | 51021 | OASDI | \$ 171.00 | 20136 | 53220 | Office Expense | \$ 171.00 |
| 5) 20136 | 51030 | Group Insurance | \$ 595.00 | 20136 | 53220 | Office Expense | \$ 595.00 |
| 6) 20136 | 51050 | Deferred Comp Match | \$ 270.00 | 20136 | 53220 | Office Expense | \$ 270.00 |
| TOTAL: Reference Only | | | \$ 1,096.00 | TOTAL: Reference Only | | | \$ 1,096.00 |



 SIGNATURE OF REQUESTING OFFICIAL DATE

TRANSFER APPROVED


 AUDITOR

BOARD OF SUPERVISORS