

(Forward original to The Controller-Treasurer Department)

Agency/Department Name: Public Health									
Line #	Description	Fund	Superior Fd Cntr	Cost Center	G.L. Account	Project Definition/ Employee Class	Amount (in Dollars)		Use Only
							Revenue	Expenditure	
1	Other Grants	0001	0410	2934	4580100		5,000.00		
2	Food - Other	0001	0410	2934	5210170			2,500.00	
3	Printing - External	0001	0410	2934	5250700			2,500.00	
4									
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21									
22									
23	Transfer from trust fund (Fund # _____)								
24	Transfer from fund balance (Fund # _____)								
25	Others - Describe:								
26									
27	Total forwarded from other pages (Page ____ to ____)								

TOTAL	5,000.00	5,000.00
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Recognize new expenditure/revenue (ongoing)
 Recognize new expenditure/revenue (one-time)
 Re-appropriate prior year unspent expenditures (one-time)
 Others
Brief Description: NACCHO onetime funding for Medical Reserve Corps

SAP Document numbers	Prepared By :
FM _____	Name (print): Tuan Nguyen
Entered to SAP by: _____	Telephone: 885-3884
Date entered : _____	
Transmittal # 167	Clerk of the Board
BU410T015	Approved by the Board of Supervisors
	Clerk of the Board By: _____ Date _____

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