

(Forward original to The Controller-Treasurer Department)

For Controller's Office Use Only

Agency/Department Name: Public Health							Amount (in Dollars)	
Line #	Description	Fund	Superior Fd Cntr	Cost Center	G.L. Account	Project Definition/ Employee Class	Revenue	Expenditure
1	Reimbursement	0001	0410	2908	5440200			(80,000.00)
2	Office Expense	0001	0410	2921	5250100			3,772.00
3	Training Programs	0001	0410	2921	5252100			850.00
4	Contracts	0001	0410	2921	5255500			161,628.00
5	Business Travel	0001	0410	2921	5285800			1,209.00
6	Other Direct Expense	0001	0410	2921	5350500			3,577.00
7	Education Exp - Other	0001	0410	2978	5250900			(4,228.00)
8	Professional Services	0001	0410	2978	5255100			(52,880.00)
9	PC Hardware	0001	0410	2978	5275200			(5,000.00)
10	Office Expense	0001	0410	2980	5250100			(28,928.00)
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
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 2)						-	-
TOTAL							0.00	0.00

Recognize new expenditure/revenue (ongoing)
 Recognize new expenditure/revenue (one-time)
 Re-appropriate prior year unspent expenditures (one-time)
 Others
 Brief Description: **Onetime funding in Public Health's AFLP/Cal-Learn program**

SAP Document numbers	Prepared By :
FM _____	Name (print): Tuan Nguyen
Entered to SAP by: _____	Telephone: 885-3884
Date entered : _____	Clerk of the Board
Transmittal # 184	Approved by the Board of Supervisors
BU410T021	Clerk of the Board By: _____ Date _____