REQUE	ST NO.					
DATE						
	<del>,-:</del>					
·						
	<del></del>					
to providention and	e					
	249/02					
pard Action Not I	Required					
	DATE					
pprove						
	DATE					
E ONLY	/					
NIA	·					
or Transfer o	of Funds					
ole balances, and the						

Supervisors:

			COUNTY O	F SAN MAT		REQUEST NO.
DEPART	Public	Health				DATE
1. RE	QUEST TRAN	SFER OF APPRO	PRIATIONS AS LIST	ED BELOW:		<del></del>
	CO	DES			<del> </del>	
	FUND OR ORG.		AMOUNT		DESCRIPTION	
	62220	1759	60,000   00	Revenue		
From						
	62220	4161	21,980 00	Salaries		
То	62220	5193	4,179   00	Supplies		
	62220	5191	3,500 00	Printing and reproduction		
	62220	5733 5856	191   00   30,000   00	Educational Materials Contracts		
	62220	6712	150   00	Communicat	ions	
Justif		emo if Necessary)		0 3444,0212,000		
cou	nseling for	people living	with HCV.		***	DATE 29 02
_	marks:	12.100			\	a rodon flot rioquilou
				•	COUNTY CONTROLLER BY:	DATE
						DATE
	Approve as Requ	ested	☐ Approve as	Revised	☐ Disappr	ove
Re	marks:		•		COUNTY MANAGER	
					BY:	DATE
				•		
	ס	O NOT WRITE I	BELOW THIS LINE -	- FOR BOARD	OF SUPERVISORS' USE	ONLY /
	E	BOARD OF SUPE	ERVISORS, COUNTY	OF SAN MATE	O, STATE OF CALIFORN	IA
			RESOLUTION TE	RANSFERRING	FUNDS	
			RESOLUTION N	0		
	RESOLVED	, by the Board of	Supervisors of the Co	ounty of San Ma	iteo, that	
h			nereinabove named in ain funds as described		Appropriation, Allotment o	r Transfer of Funds
С	•	_	roller has approved sa led the transfer of fun	•	to accounting and available hereinabove:	balances, and the
a	•	•	REBY ORDERED AND		that the recommendations equest be effected.	of the County Man-
	Regularly p	assed and adopt	ed this	day of	, 19	-d
	Ayes and ir	n favor of said res	solution:	Noes	and against said resolutio	ņ:

Supervisors: \_