

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO. _____

DEPARTMENT Public Health

DATE _____

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	62210	1922	64,500 00	Federal Revenue
To	62210	4111	23,660 00	Salaries
	62210	4311	8,517 00	Benefits
	62210	5856	32,323 00	Contracts

Justification. (Attach Memo if Necessary)

To establish revenue and expenditure budgets for CSAT grant for the period through June 30, 2002. This is part of the \$257,109 award for the full year.

DEPARTMENT HEAD

[Signature] _____ DATE 3/6/02

2. Board Action Required Four-Fifths Vote Required Board Action Not Required

Remarks: _____

COUNTY CONTROLLER

BY: _____ DATE _____

3. Approve as Requested Approve as Revised Disapprove

Remarks: _____

COUNTY MANAGER

BY: _____ DATE _____

DO NOT WRITE BELOW THIS LINE — FOR BOARD OF SUPERVISORS' USE ONLY

BOARD OF SUPERVISORS, COUNTY OF SAN MATEO, STATE OF CALIFORNIA

RESOLUTION TRANSFERRING FUNDS

RESOLUTION NO. _____

RESOLVED, by the Board of Supervisors of the County of San Mateo, that

WHEREAS, the Department hereinabove named in the Request for Appropriation, Allotment or Transfer of Funds has requested the transfer of certain funds as described in said Request; and

WHEREAS, the County Controller has approved said Request as to accounting and available balances, and the County Manager has recommended the transfer of funds as set forth hereinabove:

NOW, THEREFORE, IT IS HEREBY ORDERED AND DETERMINED that the recommendations of the County Manager be approved and that the transfer of funds as set forth in said Request be effected.

Regularly passed and adopted this _____ day of _____, 19____.

Ayes and in favor of said resolution:

Noes and against said resolution:

Supervisors: _____

Supervisors: _____