

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO. _____

DEPARTMENT Assessor-County Clerk-Recorder

DATE 12-27-02

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	13400	2212	68,000.00	Unanticipated Revenue- Micrographic Conversion
To	13400	5856	68,000.00	Contract Special Program Services

Justification. (Attach Memo if Necessary)

Transfer of funds needed to cover ~~reproduction~~ increased cost of regeneration of microfilm project.

DEPARTMENT HEAD

BY: *[Signature]*

DATE: 12/27/02

2. Board Action Required
Remarks:

Four-Fifths Vote Required

Board Action Not Required

COUNTY CONTROLLER

BY: _____

DATE: _____

3. Approve as Requested
Remarks:

Approve as Revised

Disapprove

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: _____