

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO. _____

DEPARTMENT Health Services - Business Admin.

DATE 1/14/03

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

		C O D E S		AMOUNT	DESCRIPTION
		FUND OR ORG.	ACCOUNT		
From		55137	2655	802,781 00	
		55137	2731	(30,565 00)	
To		55137	4110	40,000 00	
		55137	5856	220,746 00	
		55137	5612	550,175 00	
		55137	5212	6,000 00	
		55137	5872	(44,705 00)	

Justification. (Attach Memo if Necessary)

To appropriate expenditures shared by CHI fund holders per attached schedule and their portion of revenue. There is no net county cost.

DEPARTMENT HEAD MA

BY: Margaret Taylor DATE 1/14/03

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: _____