

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO

DEPARTMENT **Public Health**

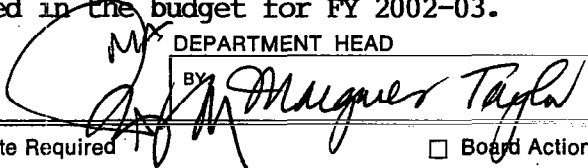
DATE **01-27-03**

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	62410	1758	15,686 00	State Revenue
To	62410	5193	186 00	Supplies
	62410	5191	500 00	Printing
	62410	5714	2,000 00	Travel
	62410	5856	13,000 00	Contracts

Justification. (Attach Memo if Necessary)

To set up additional revenue of \$15,686.00 and costs for the same amount related to Immunization. The ATR amount represents the difference between the total funding of \$31,686.00 and \$16,000.00 that has been included in the budget for FY 2002-03.


 DEPARTMENT HEAD
 BY: _____ DATE: 2/6

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: _____