COUNTY OF SAN MATEO APPROPRIATION TRANSFER REQUEST

REQUEST NO.

PUBLIC HEALTH

DATE 02.26.03

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

	CODES			
	FUND OR ORG.	ACCOUNT	AMOUNT	DESCRIPTION
From	62220	1754	30,000	State Aid
	63340	8142	10,500	Other Intrafund Transfers
То	63340 62220	4161 5874	10,500 10,500	Extra-Help Hours - Regular Pay Interagency Agreement - County
	62220	5826	18,000	Contract Laboratory Services
	62220	5199	1,500	Other Office Expenses

Justification. (Attach Memo if Necessary)

DEPARTMENT

PH Disease **xmm** Control and Prevention Unit was awarded \$40,000 by the State Department of Health Services for Chlamydia Screening Project for the period Oct. 1, 2002 to Sept. 30, 2003. There is no net county cost.

DEPARTMENT HEAD 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 DATE BY: 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: _