-		A	COUNTY C	F SAN MAT		REQUEST N	O.
DEPARTI	MENT			<del></del>		DATE	<del></del>
Health Services - San Mateo Medical Center  1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:						<u> </u>	
		DES					
	FUND OR ORG		AMOUNT	DESCRIPTION			
	<u></u>				<del></del>		- <u></u> -
From	66011	6713	52,238  00	Automation	Services-ISD		
				<del></del>			
То	66234	7311	49,600  00	Fixed Assets-Equipment			
	66234	5211	2,638  00	Computer S	upplies		
DEPARTMENT HE  BY:  Board Action Required  DEPARTMENT HE  BY:  DEP						DATE 5	<u>160</u>
Re	marks:				COUNTY CONTROLLER		
					BY:	DATE	
-	Approve as Req	juested	☐ Approve as	Revised	☐ Disap	prove	<del>- 7 - 2 -</del>
Re	marks:				COUNTY MANAGER		
					BY:	DATE	i
		DO NOT WRITE B	ELOW THIS LINE -	- FOR BOARD	OF SUPERVISORS' US	E ONLY	
		BOARD OF SUPE	RVISORS, COUNTY	OF SAN MATE	O, STATE OF CALIFOR	NIA	
			RESOLUTION TE	RANSFERRING	FUNDS		
			RESOLUTION N	0			
	RESOLVE	D, by the Board of	Supervisors of the Co	ounty of San Ma	iteo, that		
h			ereinabove named in in funds as described		Appropriation, Allotment st; and	or Transfer of Fu	nds
С			oller has approved sa ed the transfer of fun		to accounting and availab hereinabove:	le balances, and	the
a			REBY ORDERED AND		that the recommendation equest be effected.	s of the County M	lan-

Ayes and in favor of said resolution: Noes and against said resolution:

Regularly passed and adopted this \_\_\_\_\_ day of \_\_\_\_