

**COUNTY OF SAN MATEO  
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.

DEPARTMENT  
Health Services - Emergency Medical Services

DATE  
11/14/03

**1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:**

C O D E S		AMOUNT	DESCRIPTION
FUND OR ORG.	ACCOUNT		
From	56300 8821	1,000,000 00	General Reserves (Non-General Fund)
To	56300 5876	1,000,000 00	Other Professional Services

Justification. (Attach Memo if Necessary)

See attached memo.

DEPARTMENT HEAD, MA  
BY: *[Signature]* DATE 11/25/03

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: