

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.

DEPARTMENT

Health Services - San Mateo Medical Center

DATE

03-15-04

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

C O D E S		AMOUNT	DESCRIPTION
FUND OR ORG.	ACCOUNT		
From	80110	3,000,000.00	Departmental Reserves
	66014	3,000,000.00	Operating Transfer In
To	66481	1,000,000.00	Drugs and Pharmaceuticals
	66121	1,000,000.00	Contract Nursing Services
	66151	1,000,000.00	Contract Medical Group
	58511	3,000,000.00	Other Financing Uses/Transfers

Justification. (Attach Memo if Necessary) To fund over expenditures in Services and Supplies: Acct. #5172-Drugs and Pharmaceuticals, Acct.#5819-Contract Nursing Services and Acct. #5879-Contract Medical Group using funds transferred from General Fund Reserve

DEPARTMENT HEAD

BY:

M. D. Otter

DATE

3/15/04

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: