REQUEST NO. **COUNTY OF SAN MATEO** APPROPRIATION TRANSFER REQUEST DEPARTMENT 4/20/2004 Health Services - EMS 1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW: CODES FUND OR ORG. ACCOUNT **AMOUNT** DESCRIPTION 56300 8821 \$661,209 | 30 General Reserves (Non-General Fund) From 56300 5876 \$661,209 130 Other Professional Services To Justification. (Attach Memo if Necessary) See attached memo. DEPARTMENT HEAD 2. Board Action Required ☐ Four-Fifths Vote Required ☐ Board Action Not Required Remarks: COUNTY CONTROLLER DATE 3. Approve as Requested ☐ Approve as Revised □ Disapprove Remarks: COUNTY MANAGER 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 _ Noes and against said resolution: Ayes and in favor of said resolution:

Supervisors:

Supervisors: _