

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.

DEPARTMENT Correctional Health

DATE 11-15-04

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	63110	8142	325,762 00	Other intrafund transfers
To	63110	5875	325,762 00	Interagency Agreements - Non-County

Justification. (Attach Memo if Necessary)

Funding for cost of one (1) additional bed for acute mental health services to be purchased from Santa Clara County. There is no net County cost.

DEPARTMENT HEAD *MA*

BY: *Cherene A. Simon*

DATE *11/16/04*

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:

Supervisors: _____

Supervisors: _____