

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO. _____

DEPARTMENT San Mateo Medical Center

DATE 04-08-04

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	68140	2655	4,945 00	Other Foundation Grants
To	68140	4111	2,000 00	Regular Hours-Perm Position
	68140	5171	2,945 00	Other Clinical Expense

Justification. (Attach Memo if Necessary) This ATR will appropriate funding to pay for staffing and services & supplies to conduct a comparison study between Viral Kinetics and Pharmacokinetics of Pegasis plus Copegus and PEG Interon plus Rebetol in Interferon-na'ive Patients with Chronic Hepatitis C. There is no change in Net County Cos

DEPARTMENT HEAD

BY: [Signature] DATE: 4/15/04

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:

Supervisors: _____

Supervisors: _____