

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.

DEPARTMENT
SAN MATEO MEDICAL CENTER

DATE
04-15-04

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	68140	2655	12,834 00	Other Foundation Grants
To	68140	4111	5,000 00	Regular Hours - Perm. Position
	68140	5171	2,834 00	Other Clinical Expense
	68140	5879	5,000 00	Contract Medical Group

Justification. (Attach Memo if Necessary) This ATR will appropriate funding to conduct a study to the efficacy and safety study of Pegasys plus ribavirin in patients with Chronic Hepatitis C. Funding will come from Roche Pharmaceuticals. There is no change in Net County Cost.

DEPARTMENT HEAD

BY: *M. Doty* DATE: 4/22/04

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: _____