REQUEST	NO.

COUNTY OF SAN MATEO APPROPRIATION TRANSFER REQUEST

			APPROPRIATION	TRANSFER	REQUEST		
EPARTA	MENT Healt	n Services Ag	ency, Public Hea	lth AIDS Prog	gram	DATE 12-08-04	_
. RE	QUEST TRANS	FER OF APPRO	PRIATIONS AS LIS	TED BELOW:			=
CODES							
	FUND OR ORG.	ACCOUNT	AMOUNT	DESCRIPTION			
	64110	110 1956 195,624 ₁ 00 E		Federal AII) Other		
rom							
						***************************************	_
	64310	6163	105 (0/ 100				
т.	04310	61.63	195,624 00	PSP alcohol	and drug treatmen	t services	
То							
	County cost	as a result o	nds from year one of this ATR.	to year two	rvices Administration of the project. The DEPARTMENT HEAD	here is no	-
	Board Action Requi marks:	ired		Vote Required		Board Action Not Required	
					COUNTY CONTROLLER BY:	DATE	
						DATE	
	Approve as Reques marks:	ted	☐ Approve as	s Revised	☐ Dis	sapprove	
110	mains.				COUNTY MANAGER		
					BY:	DATE	
	DO	NOT WRITE E	BELOW THIS LINE -	— FOR BOARD	OF SUPERVISORS' L	JSE ONLY	
		· · · · · · · · · · · · · · · · · · ·			EO, STATE OF CALIFO		_
		7 (11) O. OOI E	RESOLUTION T		•	MINIA	
			RESOLUTION N			e de la companya de l	
	RESOLVED. I	ov the Board of	Supervisors of the C		'		
ha	WHEREAS, th	ne Department h	-	the Request for	Appropriation, Allotme	nt or Transfer of Funds	
	WHEREAS, th	ne County Contr		aid Request as	to accounting and avail	able balances, and the	
aç			REBY ORDERED AN		that the recommendati equest be effected.	ons of the County Man-	
	Regularly page	ssed and adonte	ed this	day of '	10		

Noes and against said resolution:

Ayes and in favor of said resolution: