COUNTY OF SAN MATEO APPROPRIATION TRANSFER REQUEST

REQUEST NO. ATR5 050

- -

DEPART		ateo Medical	Center				DA	04-28-05
1. RE	QUEST TRA	NSFER OF APPR	OPRIATIONS AS	S LIS	TED BELOW:			
	CODES							
	FUND OR OR	FUND OR ORG. ACCOUNT AMOUNT			DESCRIPTION			
From				·		·		······································
	66709	6713	900,000	00	Automatior	Automation Services-ISD		
То	66705	7546	400,000	00.	Operating Transfer Out-Cap. Proj.			
	66708	5164	100,000	00	Medical Tools and Instruments			
	56708	5236	400,000	00	Other Specialized Furn./Equip.			
Ťh FY	ere is no 04-05	f capital equ b change in N	let County (Cost		ects. DEPARTMENT HEAD BY:	<u> </u>	PATE Sta
	Board Action R marks:	lequired	Four	-Fifths	Vote Required		Bhard A	ction Not Required
	inaris.					COUNTY CONTROLLER	l	
					als.	BY:	-	DATE 3-DE
-	Approve as Recommarks:	quested	🗋 Appr	ove as	s Revised		Disapprove	
	inaria.				24	COUNTY MANAGER		
						Brthat	, ·	DATE S-2.05
		DO NOT WRITE	BELOW THIS LI	NE -	- FOR BOARD	OF SUPERVISORS	' USE OI	NLY
		BOARD OF SUPE	ERVISORS, COU	INTY	OF SAN MAT	EO, STATE OF CAL	IFORNIA	
			RESOLUTIO	ом т	RANSFERRING	FUNDS		
			RESOLUTIO	N NC	10	an a	,	
	RESOLVE	D, by the Board of	Supervisors of t	he C	ounty of San Ma	ateo, that		
ha		S, the Department h the transfer of cert				r Appropriation, Alloti st; and	ment or T	ransfer of Funds
C		S, the County Cont er has recommend				to accounting and av hereinabove:	ailable ba	alances, and the
a	NOW, THE	EREFORE, IT IS HE ved and that the tra	REBY ORDEREI	D AN as set	D DETERMINE	D that the recommend equest be effected.	lations of	the County Man-
•							19	
	Ayes and	in favor of said re	solution:		Noes	s and against said re	solution:	
Su	•				Supervisors:			