

**COUNTY OF SAN MATEO  
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.

DEPARTMENT  
San Mateo Medical Center

DATE  
12-01-04

**I. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:**

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	66708	7311	1,450,000 00	Fixed Assets-Equipment
	66708	7546	1,400,000 00	Operating Transfer Out-Cap. Proj.
	66708	2731	3,000,000 00	Operating Transfer In
To	66705	Various	1,900,000 00	See Attached
	66708	Various	300,000 00	See Attached
	66709	Various	3,650,000 00	See Attached

Justification. (Attach Memo if Necessary) To transfer appropriation in Op. Transfer In, F/A-Equipment and Op. Transfer Out-Cap. Project in #66708 to Op. Transfer In, various Service Supplies accounts, Automation Services-ISD and Capital Project Expense in budget units #66705, #66708 and #66709 for the purchase of capital equipment, facility and information technology projects. There is no change in Net County Cost. FY04-05

DEPARTMENT HEAD  
BY: *Margie Datta* DATE: 12/2/04

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: \_\_\_\_\_

County of San Mateo

Health Services Agency

ATR/AER Form

Controller's ATR Number

Department: Health Services Agency

Division: San Mateo Medical Center

Type of Transaction: [X] ATR [ ] One-Time [ ] AER [ ] On-Going
Status of Transaction: [X] One-Time [ ] AER [ ] On-Going

Title: S. M. M. C. - Capital Purchase(Equipment and Projects)

Justification: To transfer appropriation in Op. Transfer In, F/A-Equipment and Op. Transfer Out-Cap. Project in #66708 to Op. Transfer In, various Service and Supplies accounts, Automation Services-ISD and Capital Project Expense in budget units #66705, #66708 and #66709 for the purchase of capital equipment, facility and information technology projects. There is no change in Net County Cost. FY04-05

Summary table with columns: TO BP, FROM BP, Total. Values: 67500BP, 67500BP, 5,850,000.00, 5,850,000.00, Net Change: 0.00

Main table with columns: From/To, Subobject, Account Description, Transfer Amt. Includes rows for Fixed Assets - Equipment, Operating Transfer Out-Cap. Proj., and Operating Transfer In.