

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.
ATR7 022

DEPARTMENT
Health Department, Agricultural Commissioner/Sealer

DATE
Dec. 14, 2006

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	65220	1871	124,484.00	All other State Aid
To	65220		124,484.00	Refer to attachment for Org./Acct. Codes and amounts

Justification. (Attach Memo if Necessary)

Refer to attached Board memorandum for justification.

Jacqueline P. Morrison
 DEPARTMENT HEAD
for Charles Salata
 DATE: 12/14/06

2. Board Action Required Four-Fifths Vote Required Board Action Not Required

COUNTY CONTROLLER
 BY: *[Signature]* DATE: 1/4/07

3. Approve as Requested Approve as Revised Disapprove

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: _____

 Absent Supervisors: _____

ATTEST:

 Clerk of Said Board

 CHAIRMAN, BOARD OF SUPERVISORS
 COUNTY OF SAN MATEO

DISTRIBUTION:	
WHITE	— BOARD OF SUPERVISORS
GREEN	— CONTROLLER
CANARY	— COUNTY MANAGER
PINK	— DEPARTMENT
GOLDENROD	— TREASURER

APPROPRIATION TRANSFER REQUEST-ATTACHMENT

Request No. _____

Health Department
Agricultural Commissioner/Sealer
Org: 65000
Sub Org: 65220

December 14, 2006

REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

TO: EXPENDITURE ACCOUNTS

<u>Fund/Org.</u>	<u>Account Code</u>	<u>Amount</u>	<u>Description</u>
65220	4128	\$ 40,393.00	Regular Pay Adjustments
65220	4161	\$ 10,881.00	Extra Help Hours-Regular Pay
65220	4629	\$ 20,910.00	Benefits Adjustments
65220	6734	\$ 52,300.00	Vehicle Replacement Costs
Grand Total to Appropriations		\$ 124,484.00	Total Appropriations Transfer Request

JUSTIFICATION:

Refer to Board Memorandum

*JPM Jacqueline P. Morrissey for
Lail M. Rube Charlene A. Silva*

 Department Head Signature 12/14/06
 Date

County Controller Date

County Manager Date