

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO. _____

DEPARTMENT
5500 B - HEALTH BUSINESS ADMINISTRATION

DATE
Jan. 16, 2007

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	55111	8612	57,599.00	Departmental Reserves
	57011	8612	347,368.00	Departmental Reserves
	61001	8612	989,823.00	Departmental Reserves
	62010	8612	805,209.00	Departmental Reserves
	55310	8142	2,142,401.00	Intrafund Transfer
To	55310	6739	2,200,000.00	All Other Service Charges
	57011	5873	347,368.00	In House Data Processing
	61001	5873	989,823.00	In House Data Processing
	62010	5873	805,209.00	In House Data Processing

Justification. (Attach Memo if Necessary)

To provide appropriation from Health Department's reserves for Health Client Data Storage (HCDS) for FY 2006-2007. Costs include projected through June 30, 2007. There is no net county cost.

Wm. Rom
 DEPARTMENT HEAD *CS 4/9/07*
DM *Reguelina P. Morison* DATE *1/8/07*
God Charlene A. Silva

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

Remarks:

COUNTY CONTROLLER
 BY: *N. A.* DATE: *1.18.07*

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: _____

 Absent
 Supervisors: _____

ATTEST:

 CHAIRMAN, BOARD OF SUPERVISORS
 COUNTY OF SAN MATEO

 Clerk of Said Board

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