

**COUNTY OF SAN MATEO  
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.  
ATR7 032

DEPARTMENT HEALTH DEPARTMENT - FAMILY HEALTH

DATE January 24, 2007

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

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	62810	2655	62,667	Other Foundation Grants
To	62810	4111	36,816	Salaries - Regular Hours
	62810	4311	15,037	Fringe Benefits
	62810	5714	1,764	Employee Mileage Reimbursements
	62810	5193	1,200	General Office Supplies
	62810	5199	7,850	Other Office Expenses

**Justification. (Attach Memo if Necessary)**

To set up revenue and expenditures for the first year of Lucille Packard Grant, for the period Nov. 1, 2006 to June 30, 2007.

DEPARTMENT HEAD

BY: *Charles A. Silva* DATE: 1/1/07

2.  Board Action Required

Four-Fifths Vote Required

Board Action Not Required

Remarks:

COUNTY CONTROLLER

BY: *[Signature]* DATE: 2/1/07

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:

\_\_\_\_\_  
 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