

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.
ARR 8 007

DEPARTMENT: Health Department, Environmental Health DATE: _____

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	59730	1242	23,697 00	Underground Tank Permits
	59830	1243	34,000 00	Well & Septic Permits
	59610	1276	15,000 00	Misc. Lic. & Permits
	59410	2237	30,000 00	Other Health Fees
	59810	2269	47,344 00	Food Handling Fees
	59420	2438	11,495 00	Water Service Charge
To	59210	2452	9,813 00	Other Charges for Services
	59110	6716	171,349 00	County Leased Facility Rental Charge

Justification. (Attach Memo if Necessary)

To add unanticipated revenue and corresponding appropriation for increased rent associated with the relocation to Alameda de las Pulgas in San Mateo. See Board memo.

DEPARTMENT HEAD
BY: *[Signature]* DATE: *10/3/07*

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

COUNTY CONTROLLER
BY: *[Signature]* DATE: *10.4.07*

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