

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.
APR 8 028

DEPARTMENT: 5550B Health Policy and Planning DATE: 1/24/08

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	55532	8142	587,644.00	Other Intrafund Transfers
	80110	8612	587,644.00	Non-Departmental Reserves
To	55532	4111	113,136.00	Regular Hour - Perm Positions
	55532	5858	474,508.00	Other Professional Contract Services
	80110	5918	587,644.00	Other Special Health Expenses

Justification. (Attach Memo if Necessary)
 To recognize funding from the County Manager's Office Non-Departmental Services for the expenditures of the Health System Redesign Initiative (Salaries and Benefits, \$113,136.00 and Services and Supplies \$474,508.00)

DEPARTMENT HEAD
 BY: *Jim Saet* DATE: 01/25/08

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

COUNTY CONTROLLER
 BY: *[Signature]* DATE: 1/28/08

3. Approve as Requested Approve as Revised Disapprove
 Remarks:

COUNTY MANAGER
 BY: *[Signature]* DATE: 1/25/08

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: _____

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DEPARTMENT HEAD

BY: *Jim Saer*

DATE
01/25/08

2. Board Action Required

Four-Fifths Vote Required

Board Action Not Required

Remarks:

COUNTY CONTROLLER

BY: *[Signature]*

DATE
1/23/08

3. Approve as Requested

Approve as Revised

Disapprove

Remarks:

COUNTY MANAGER

BY: *[Signature]*

DATE
1/25/08

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