REQUEST NO.

COUNTY OF SAN MATEO APPROPRIATION TRANSFER REQUEST								ATR8 050	
EPARTI	Planning & B	uilding					DATE	4/11/0	
	QUEST TRANSF		OPRIATIONS A	AS LIS	TED BELOW:				
	C O D E S FUND OR ORG. ACCOUNT		AMOUNT		DESCRIPTION				
rom	38450	2652	47,665 00		Project Cost Reimbursement - unanticipated revenu				
					·				
То	38450 5858 47,665 00			Other Professional Contract Services					
Justifi	<u>l</u> Ication.(Attach Mem Please see at	**				DEPARTMENT HEAD			
	Board Action Requir marks:	red	√ Fo	our-Fifths	Vote Required	COUNTY CONTROLLER BY:	Et Board Action N	DATE 3//8/O	
	Approve as Request marks:	ed	□ Ар	prove as	Revised	COUNTY MANAGER BY:	approve	DATE	
	DO	NOT WRITE	BELOW THIS	LINE -	FOR BOARD	OF SUPERVISORS' U	SE ONLY	·	
	ВО	ARD OF SUPE			OF SAN MATE	O, STATE OF CALIFO	RNIA		
			RESOLUT	ION N	0				
			-		ounty of San Ma	•			
ha	s requested the	transfer of cert	ain funds as de	escribe	d in said Reques	•			
Co	ounty Manager h	as recommend	ed the transfer	r of fun	ds as set forth			•	
aç	NOW, THEREI per be approved	FORE, IT IS HE and that the tra	REBY ORDER	ED ANI as set	DETERMINED forth in said Re	that the recommendation that the recommendation equest be effected.	ns of the Co	unty M.	
•	Regularly pas	sed and adopt	ed this		day of	, 19			
	Ayes and in fa	avor of said re	solution:		Noes and against said resolution:				

Supervisors:

Supervisors: