

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.
ATR 9 014

DEPARTMENT: ASSESSOR-CLERK-RECORDER DATE: 11/13/08

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	80110	8612	90,441.00	Departmental Reserves
To	13300	5951	90,441.00	Moving and Relocation Expenditures

Justification. (Attach Memo if Necessary)
Transfer of funds needed to cover cost of moving and relocating of CARE records.

DEPARTMENT HEAD
BY: *[Signature]* DATE: 11/13/08

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

COUNTY CONTROLLER
BY: *[Signature]* DATE: 11/17/08

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:
Supervisors: _____

Noes and against said resolution:
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