

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.
ATR 9 013

DEPARTMENT: *Health Department, Agricultural Commissioner/Sealer* DATE: *11/7/08*

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	65210	1871	138,766 00	All other State Aid
To	65210	various	138,766 00	See attachment

Justification. (Attach Memo if Necessary)

Refer to Board Memorandum (attached) concerning State Agreement 08-0580.

DEPARTMENT HEAD

BY: *Charles A. Silva* DATE: *11/2/08*

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

				Request No. <u>ATR 9 013</u>
COUNTY OF SAN MATEO				
APPROPRIATION TRANSFER REQUEST (ATR)				
Health Department			Date: November 7, 2008	
Agricultural Commissioner/Sealer				
Org: 65000				
Sub Org: 65210				
CODES				
	Org	Account	Amount	Description
FROM:	65210	1871	\$ 138,766.00	All Other State Aid
			TOTAL	\$ 138,766.00
TO:	65210	4128	\$ 38,500.00	Regular Pay Adjustments
	65210	4629	\$ 21,000.00	Benefits Adjustments
	65210	5111	\$ 500.00	Agricultural Expense
	65210	5193	\$ 500.00	General Office Supplies
	65210	5163	\$ 500.00	Laboratory Supplies
	65210	5212	\$ 2,000.00	Computer Equipment under \$5000
	65210	5234	\$ 3,000.00	Office Furniture & Equipment
	65210	6712	\$ 1,000.00	Telephone Service Charges
	65210	6713	\$ 4,000.00	Automation Services-ISD
	65210	6717	\$ 6,786.00	Motor Vehicle Mileage Charges
	65210	6734	\$ 61,000.00	Motor Vehicle Replacement Charges
			TOTAL	\$ 138,786.00
JUSTIFICATION:				
Refer to Board Memorandum for State Agreement #08-0580				
<i>Handwritten Signature</i>				<u>11/12/08</u>
Department Head Signature				Date
<i>Handwritten Signature</i>				<u>11.17.08</u>
County Controller				Date
County Manager				Date