

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.
ATR10 022

DEPARTMENT

Public Works

DATE

01/05/2010

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	85210	2731	221,915 00	Health Services Projects - Operation Transfer In
	66705	7211	221,915 00	Facility Projects - Fixed Assets
To	66705	7546	221,915 00	Facility Projects - Operating Transfer Out
	85210	7211	221,915 00	Health Services Projects - Fixed Assets

Justification. (Attach Memo if Necessary)

To transfer appropriations from the San Mateo Medical Center fixed assets account to reimburse the Department of Public Works for additional costs related to the remodel of the Nevin Health Center in Daly City.

DEPARTMENT HEAD

BY: *[Signature]*

DATE

1-6-10

2. Board Action Required

Four-Fifths Vote Required

Board Action Not Required

Remarks:

COUNTY CONTROLLER

BY: *[Signature]*

DATE

1/6/10

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:

Noes and against said resolution:

Supervisors: _____

Supervisors: _____

Absent Supervisors: _____

ATTEST:

CHAIRMAN, BOARD OF SUPERVISORS
COUNTY OF SAN MATEO

Clerk of Said Board

DISTRIBUTION:	
WHITE	— BOARD OF SUPERVISORS
GREEN	— CONTROLLER
CANARY	— COUNTY MANAGER
PINK	— DEPARTMENT
GOLDENROD	— TREASURER