Do

			SAN MATEO		REQUEST NO.	
	ATR25-BJ053					
DEPARTMENT: Department of Emergency Management					DATE: 03/14/2025	
1. REQUEST	T TRANSFER C	F APPROPR	IATION AS LIS	STED BELOW:	1	
		CODES	JL ORG CODE	AMOUNT	DESCRIPTION	
	FUND or ORG	ACCOUNT	Measure K only	\$4,691	Sales and Use Tax	
FROM		1100	DEMOC	ψ+,001		
то	43101	4128	DEMCS	\$4,691	Regular Pay Adjustments	
Justification	(Attach Memo	if Necessary)	: Please see attached	i memo.		
	(Signed by:				
DEPARTMEN		hael Leach FFB4E8A7491		D	ATE 3/17/2025	
	Action Require	ed 🛛	Four-Fifths Vot	e Required	Board Action Not Requ	
Remarks:						
	(DocuSigned by:				
COUNTY CONTROLLER Nove Nove				D	DATE 3/20/2025	
3. 🛛 Appro Remarks:	ove as Requeste	ed 🛛	Approve as Re	vised	Disapproved	
	Pala	uSigned by:		T	2/20/2025	
		No Mandiia		D	ATE 3/20/2025	
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