COUNTY OF SAN MATEO APPROPRIATION TRANSFER REQUEST						REQUEST NO. ATR24-B0075	
DEPARTMENT: Environmental Health Services/BHRS						DATE: 6/4/2024	
1. REQUEST	TRANSFER O	F APPROPRIA	ATION AS LIS	TED BELOW:			
	CODES					T	
	FUND or ORG	ACCOUNT	JL ORG CODE Measure K only	AMOUNT		DESCRIPTION	
FROM	61101	6265		\$1,400,000	Misc Other Co	ontributions	
то	59110	8142		\$1,400,000	Intrafund Trar	Intrafund Transfer	
Justification	(Attach Memo	if Necessary):	See attached memo				
	Docus	Signed by:					
DEPARTMENT HEAD LOWSE F. ROSEYS DATE 6						2024	
2. 🛭 Board Remarks:	Action Require	ed 🖵 F	our-Fifths Vot	e Required	□ Воа	ard Action Not Require	
	D	ocuSigned by:					
COUNTY CONTROLLER Joe Njuyer DATE						2024	
3. ☑ Approve as Requested ☐ Approve as Revised Remarks:					☐ Dis	sapproved	
	(signed by: Ho Mandia			DATE 6/5/2		
DO NOT WRITE BELOW THIS LINE – FOR BOARD OF SUPERV							
ט							
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							
	•			e Request for Ap as described in s	•		
				Request as to acc as set forth here		vailable balances, and	
				TERMINED that to forth in said Requ		ations of the County d.	
Reg	ularly passed a	nd adopted thi	S	_day of		20	
AYES and in favor of said resolution:				NOES and against said resolution:			
Supervisors	3:			upervisors:			
			Ab Su	sent pervisors:			
				PRESIDEN	IT, BOARD OF	SUPERVISORS	
ATTEST:				CO	UNTY OF SAN	I MATEO	
ATTEST	Clerk of	Said Board					