

**COUNTY OF SAN MATEO  
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.  
*ATR19-008*

DEPARTMENT: OFFICE OF SUSTAINABILITY

DATE: 09/11/2018

**1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:**

|      | CODES       |         | AMOUNT       | DESCRIPTION                                    |
|------|-------------|---------|--------------|--|
|      | FUND OR ORG | ACCOUNT |              |  |
| FROM | 40111       | 8612    | \$350,000.00 | Administration / Departmental Reserves         |
|      |             |         |              |  |
| TO   | 40414       | 5969    | \$350,000.00 | OOS - Stormwater / Other Special Dept. Expense |
|      |             |         |              |  |

**Justification (Attach Memo if Necessary):**

See attached memorandum.

DEPARTMENT HEAD *[Signature]*

DATE *09/11/2018*

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

Remarks:

COUNTY CONTROLLER *[Signature]*

DATE *9/26/18*

3.  Approve as Requested       Approve as Revised       Disapproved

Remarks:

COUNTY MANAGER *[Signature]*

DATE *9/12/18*

**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 \_\_\_\_\_, 20\_\_\_\_

Ayes an in favor of said resolution:

Noes and against said resolution:

Supervisors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisors: \_\_\_\_\_  
Absent \_\_\_\_\_  
Supervisors: \_\_\_\_\_

\_\_\_\_\_  
PRESIDENT, BOARD OF SUPERVISORS  
COUNTY OF SAN MATEO

ATTEST: \_\_\_\_\_  
Clerk of Said Board