	ATR25-BJ072				
DEPARTMENT: Human Services Agency					DATE: 03/21/2025
1. REQUEST	TRANSFER O	F APPROPRI	ATION AS LIS	TED BELOW:	
		CODES		ANACHINIT	DECODIDETION
	FUND or ORG	ACCOUNT	JL ORG CODE Measure K only	AMOUNT	DESCRIPTION
FROM	70138	1135	HSAIT	\$3,061	Sales and Use Tax
то	70138	4128	HSAIT	\$3,061	Regular Pay Adjustments
Justification	(Attach Memo	if Necessary):	Please see attached	memo.	
	Docus	Signed by:			
DEPARTMENT	DATE 3/24/2025				
2. Darid Action Required Four-Fifths Vote Required					☐ Board Action Not Require
Remarks:	•				·
COUNTY CONTROLLER Noc Noyer DATE 3/					DATE 2/24/2025
COUNTY CONTROLLER 111A76FBA8404C2 DAT					DATE 3/24/2025
3. ☑ Approve as Requested ☐ Approve as Revised					Disapproved
Remarks:					
	Docu	Signed by:			
COUNTY EXECUTIVE Roberto Manchia					DATE 3/24/2025
DO NOT WRITE BELOW THIS LINE – FOR BOAR					
	BOARI		ORS, COUNTY OF		TATE OF CALIFORNIA
		RES	SOLUTION NO		
RES	OLVED, by the B	oard of Supervis	sors of the Count	y of San Mateo, t	hat
WHE	EREAS, the Depa	rtment hereinat	oove named in the	e Request for Ap	propriation, Allotment or said Request; and
			s approved said I transfer of funds		counting and available balances, and inabove:
			RDERED AND DE of funds as set f		he recommendations of the County est be effected.
Reg	ularly passed a	nd adopted th	is	_day of	20
AYES and in favor of said resolution:				NOES and	against said resolution:
Supervisors:			Sı	upervisors:	
				sent pervisors:	
					T, BOARD OF SUPERVISORS
ATTEST:				CO	UNTY OF SAN MATEO
ATTEST.	Clerk of	Said Board			