	APP	REQUEST NO. ATR25-B0014				
DEPARTMENT: 2800B Private Defender Program					DATE: 09/03/24	
1. REQUEST	TRANSFER C	F APPROPRI	ATION AS LIS	TED BELOW:	1	
	CODES					
	FUND or ORG	ACCOUNT	JL ORG CODE Measure K only	AMOUNT	DESCRIPTION	
FROM	28110	1869		16,201	SB 90 Program 380 Misc. State Reimbursement	
то	28110	5858		16,201	Other professional contract services.	
Justification	(Attach Memo	_			mandated services for FY 2022-23 to be appropriated ssional contract services.	
DEPARTMENT HEAD Koherto Manchia					DATE 9/3/2024	
2. Board Action Required Four-Fifths Vote Required Board Action Not F						
Remarks:	(.	OocuSigned by:				
COUNTY CONTROLLER Joe Nower					DATE 11/4/2024	
3. Appro Remarks:	ve as Requeste	ed 🗖	Approve as Rev	vised	☐ Disapproved	
	Heat	uSigned by: Ner Ledesva			11 /4 /2024	
COUNTY EXECUTIVE D3975895E3D1478				DATE 11/4/2024		
D	O NOT WRIT	E BELOW THI	S LINE – FOR	BOARD OF S	UPERVISORS USE ONLY	
	BOAR		ORS, COUNTY OF SOLUTION TRAN		TATE OF CALIFORNIA DS	
		RES	SOLUTION NO			
RES	OLVED, by the B	Board of Supervis	sors of the Count	y of San Mateo,	that	
	•				propriation, Allotment or said Request; and	
			s approved said I transfer of funds		counting and available balances, and einabove:	
			RDERED AND DE of funds as set f		the recommendations of the County uest be effected.	
Reg	ularly passed a	and adopted th	is	_day of	20	
AYES and in favor of said resolution:				NOES and	against said resolution:	
Supervisors	S:		Sı	upervisors:		
				esent pervisors:		
					IT, BOARD OF SUPERVISORS	
ATTEST:				СО	UNTY OF SAN MATEO	
	Clerk of	Said Board				

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - VIEW AT AN ANGLE

Docusign Envelope ID: 3E87DC45-9604-425C-B037-CD963A482B97 JUAUE UF LALIFORNIA

WARRANT NUMBER 67-866738

THE TREASURER OF THE STATE WILL PAY OUT OF THE IDENTIFICATION NO.

0001 GENERAL FUND

MO.I DAY I YR. 8885 08 | 14 | 2024

90-1342/1211 67866738

TO: 866738 **TREASURER** COUNTY OF SAN MATEO 555 COUNTY CENTER 1ST FLOOR

REDWOOD CITY CA 94063

DOLLARS CENTS **፟******8917.00



M1211134234 678667383<u>#</u>

DETACH ON DOTTED LINE KEEP THIS PORTION FOR YOUR RECORDS 67-866738

ISSUE DATE: 08/14/2024

ISSUE DATE: 08/14/2024

PAYMENT OFFSETS -NONE

CLAIM SCHEDULE NBR: MA45803B

REIMBURSEMENT OF STATE MANDATED COSTS ANY QUESTIONS PLEASE CALL NICK KONDOLEON 916 322 2294 PROG : JUVENILE CUST INTER:335/20-L ACL: 335/20 2022/2023 ACTUAL PAYMENT CLAIMED AMT: 8,917.00 TOTAL ADJUSTMENTS: .00 8,917.00 TOTAL APPROVED CLAIMED AMT: LESS PRIOR PAYMENTS: .00 100.000000 PRORATA PERCENT: PRORATA BALANCE DUE: .00 APPROVED PAYMENT AMOUNT: 8,917.00

NET PAYMENT AMOUNT:

8,917.00

Program 380 - Pubic Defender