

COUNTY OF SAN MATEO APPROPRIATION TRANSFER REQUEST					REQUEST NO. ATR25-BJ057
DEPARTMENT: County Health, BHRS					DATE: 03/17/2025
1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:					
	CODES			AMOUNT	DESCRIPTION
	FUND or ORG	ACCOUNT	JL ORG CODE Measure K only		
FROM	61302	1135	YOPCM	\$15,211	Sales and Use Tax
TO	61302	4128	YOPCM	\$15,211	Regular Pay Adjustments
Justification (Attach Memo if Necessary): Please see attached memo.					
DEPARTMENT HEAD <div>DocuSigned by: Gina Wilson F4310B31A7FE419...</div>					DATE 3/18/2025
2. <input type="checkbox"/> Board Action Required <input checked="" type="checkbox"/> Four-Fifths Vote Required <input type="checkbox"/> Board Action Not Required					
Remarks:					
COUNTY CONTROLLER <div>DocuSigned by: Ngoc Nguyen 311A76FBA8404C2...</div>					DATE 3/20/2025
3. <input checked="" type="checkbox"/> Approve as Requested <input type="checkbox"/> Approve as Revised <input type="checkbox"/> Disapproved					
Remarks:					
COUNTY EXECUTIVE <div>DocuSigned by: Roberto Manchia 5178A926843D471...</div>					DATE 3/20/2025
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 Executive has recommended the transfer of funds as set forth hereinabove:

NOW, THEREFORE, IT IS HEREBY ORDERED AND DETERMINED that the recommendations of the County Executive 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 and in favor of said resolution: NOES and against said resolution:

Supervisors: _____

Supervisors: _____

Absent
Supervisors: _____

ATTEST: _____
Clerk of Said Board

PRESIDENT, BOARD OF SUPERVISORS
COUNTY OF SAN MATEO