

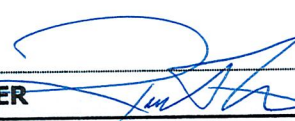


COUNTY OF SAN MATEO APPROPRIATION TRANSFER REQUEST				REQUEST NO. <i>ATR21-032</i>
DEPARTMENT: COUNTY HEALTH- BEHAVIORAL HEALTH AND RECOVERY SERVICES				DATE: 12/23/2020
1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:				
	CODES		AMOUNT	DESCRIPTION
	FUND or ORG	ACCOUNT		
FROM	61401	2658	\$408,388	All Other Miscellaneous Revenue
	61401	8142	\$468,388	Other Intrafund Transfers
TO	61401	4128	\$686,842	Regular Pay Adjustments
	61401	5856	\$129,934	Contract Special Program Services
	61401	5193	\$ 60,000	General Office Supplies
Justification (Attach Memo if Necessary):				
				DATE <i>1/4/2021</i>
DEPARTMENT HEAD				
2. <input type="checkbox"/> Board Action Required <input checked="" type="checkbox"/> Four-Fifths Vote Required <input type="checkbox"/> Board Action Not Required See attached Memo.				
				DATE <i>1/4/2021</i>
COUNTY CONTROLLER				
3. <input checked="" type="checkbox"/> Approve as Requested <input type="checkbox"/> Approve as Revised <input type="checkbox"/> Disapproved Remarks:				
				DATE <i>1/6/21</i>
COUNTY MANAGER				
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 in favor of said resolution:
Supervisors: _____

Noes and against said resolution:
Supervisors: _____

Absent Supervisors: _____

ATTEST: _____
Clerk of Said Board

PRESIDENT, BOARD OF SUPERVISORS
COUNTY OF SAN MATEO