

COUNTY OF SAN MATEO APPROPRIATION TRANSFER REQUEST				REQUEST NO. ATR 13-014
DEPARTMENT: HEALTH SYSTEM - SAN MATEO MEDICAL CENTER				DATE 1/28/13
1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:				
FROM	CODES		AMOUNT	DESCRIPTION
	FUND OR ORG	ACCOUNT		
		58511	8142	(\$82,000)
	58511	7544	\$82,000	Hospital and Clinics Contribution Other Financing Uses
TO	66014	2731	\$82,000	County Contribution Operating Transfer In
	66708	7311	\$82,000	Capital Purchases Fixed Assets
Justification (Attach Memo if Necessary) See Attached Memo				
DEPARTMENT HEAD Jean S. Fraser, Chief, Health System				DATE
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				DATE
3. <input type="checkbox"/> Approve as Requested <input type="checkbox"/> Approve as Revised <input type="checkbox"/> Disapproved Remarks:				
COUNTY MANAGER				DATE
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____