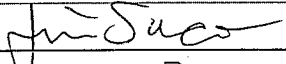
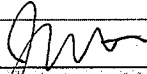


|                                                                                                                                                                     |                    |                |               |                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------|---------------|----------------------------------------------------------|
| <b>COUNTY OF SAN MATEO<br/>APPROPRIATION TRANSFER REQUEST</b>                                                                                                       |                    |                |               | REQUEST NO.                                              |
| DEPARTMENT<br>COUNTY MANAGER'S OFFICE                                                                                                                               |                    |                |               | DATE January 17, 2013                                    |
| <b>1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:</b>                                                                                                        |                    |                |               |                                                          |
|                                                                                                                                                                     | <b>CODES</b>       |                | <b>AMOUNT</b> | <b>DESCRIPTION</b>                                       |
|                                                                                                                                                                     | <b>FUND OR ORG</b> | <b>ACCOUNT</b> |               |                                                          |
| <b>FROM</b>                                                                                                                                                         | 80120              | 8612           | \$65,400      | Non-Departmental Services – Reserves                     |
|                                                                                                                                                                     |                    |                |               |                                                          |
|                                                                                                                                                                     |                    |                |               |                                                          |
| <b>TO</b>                                                                                                                                                           | 80413              | 5969           | \$65,400      | Non-Departmental Services – Other Special Dept. Expenses |
|                                                                                                                                                                     |                    |                |               |                                                          |
|                                                                                                                                                                     |                    |                |               |                                                          |
| Justification (Attach Memo if Necessary)<br>See attached memorandum.                                                                                                |                    |                |               |                                                          |
| DEPARTMENT HEAD                                                                    |                    |                | DATE 01/17/13 |                                                          |
| 2. <input type="checkbox"/> Board Action Required <input type="checkbox"/> Four-Fifths Vote Required <input type="checkbox"/> Board Action Not Required<br>Remarks: |                    |                |               |                                                          |
| COUNTY CONTROLLER                                                                  |                    |                | DATE 1/17/13  |                                                          |
| 3. <input checked="" type="checkbox"/> Approve as Requested <input type="checkbox"/> Approve as Revised <input type="checkbox"/> Disapproved<br>Remarks:            |                    |                |               |                                                          |
| COUNTY MANAGER                                                                   |                    |                | DATE 1-18-13  |                                                          |
| <b>DO NOT WRITE BELOW THIS LINE – FOR BOARD OF SUPERVISORS USE ONLY</b>                                                                                             |                    |                |               |                                                          |

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 an in favor of said resolution:  
Supervisors: \_\_\_\_\_

Noes and against said resolution:  
Supervisors: \_\_\_\_\_

Absent  
Supervisors: \_\_\_\_\_

\_\_\_\_\_  
PRESIDENT, BOARD OF SUPERVISORS  
COUNTY OF SAN MATEO

ATTEST: \_\_\_\_\_

Clerk of Said Board

DISTRIBUTION: Board of Supervisors – Controller – County Manager – Department – Treasurer