

COUNTY OF SAN MATEO APPROPRIATION TRANSFER REQUEST				REQUEST NO. ATR 13-032
DEPARTMENT San Mateo County Health System - Public Health				DATE
1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:				
	C O D E S			
	FUND OR ORG.	ACCOUNT	AMOUNT	DESCRIPTION
From	62010	8612	\$374,246.00	General Reserves
To	62010	5874	\$303,246.00	Interagency Agreements - County
	62010	5236	\$15,000.00	Other Specialized Furniture/Equipment
	62010	5853	\$56,000.00	Other Public Works Contract
Justification. (Attach Memo if Necessary) This ATR transfers funds from Reserves to Services and Supplies to cover an unanticipated repayment to SMMC of FY 2011-12 funds paid to Public Health in error, and to pay Public Works to remodel the Public Health Laboratory and to purchase specialized laboratory furniture.				
DEPARTMENT HEAD BY: <i>[Signature]</i>				DATE 4/16/13
2. <input checked="" type="checkbox"/> Board Action Required <input type="checkbox"/> Four-Fifths Vote Required <input type="checkbox"/> Board Action Not Required Remarks:				
COUNTY CONTROLLER BY: <i>[Signature]</i>				DATE 4/18/13
3. <input type="checkbox"/> Approve as Requested <input type="checkbox"/> Approve as Revised <input type="checkbox"/> Disapprove Remarks:				
COUNTY MANAGER BY: <i>[Signature]</i>				DATE 4-19-13

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 _____, 19____.

Ayes and in favor of said resolution:

Supervisors: _____

Noes and against said resolution:

Supervisors: _____

 Absent
 Supervisors: _____

ATTEST:

 Clerk of Said Board

 CHAIRMAN, BOARD OF SUPERVISORS
 COUNTY OF SAN MATEO