

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.
ATR 14-044

DEPARTMENT **SAN MATEO MEDICAL CENTER**

DATE **04/30/2014**

1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:

	CODES		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	00502-66011	2064	\$ 4,400,000	Management service revenue from Brius
To	00502-66025	5878	\$ 2,759,521	ACE Outside provider expenses underestimated in budget
	00502-68190	5878	\$ 1,640,479	

Justification. (Attach Memo if Necessary)

See attached board memo

DEPARTMENT HEAD
BY: *[Signature]* DATE: *5/2/14*

2. Board Action Required Four-Fifths Vote Required Board Action Not Required

Remarks:

COUNTY CONTROLLER
BY: *[Signature]* DATE: *5/7/14*

3. Approve as Requested Approve as Revised Disapprove

Remarks:

COUNTY MANAGER
BY: *[Signature]* DATE: *5-12-14*

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 and in favor of said resolution:
Supervisors:

Noes and against said resolution:
Supervisors: