

COUNTY OF SAN MATEO APPROPRIATION TRANSFER REQUEST				REQUEST NO. ATR 15-017
NON-DEPARTMENTAL SERVICES (8000B)				12/01/14
1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:				
	CODES			
	FUND OR ORG	ACCOUNT	AMOUNT	DESCRIPTION
FROM	80125	1135	2,400,000	Sales and Use Tax – Measure A
TO	80125	5868	2,400,000	Outside Hospital Service
Justification (Attach Memo if Necessary): Additional funding to extend term of agreement with Seton Medical Center and the Health Plan of San Mateo for two months, through February 28, 2015.				
DEPARTMENT HEAD Jim Saco				DATE 12/01/14
2. <input type="checkbox"/> Board Action Required <input checked="" type="checkbox"/> Four-Fifths Vote Required <input type="checkbox"/> Board Action Not Required				
COUNTY CONTROLLER [Signature]				DATE 12/1/14
3. <input type="checkbox"/> Approve as Requested <input type="checkbox"/> Approve as Revised <input type="checkbox"/> Disapproved				
COUNTY MANAGER [Signature]				DATE 12.1.14
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 an 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