RESOLUTION NO. Click here to enter text.

COUNTY OF SAN MATEO

REQUEST NO.

	Al		N TRANSFER RE	QUEST		ATR 16-004
DEPARTMEN	NT				DATE	
HEALTH SYSTEM – AGING AND ADULT SERVICES						R 9, 2015
1. REQU	JEST TRANSFER OF A	PPROPRIATION A	S LISTED BELOW:			
	CODES	S I			T147-4-11	
	FUND OR ORG.	ACCOUNT	AMOUNT	DI	DESCRIPTION	
	57073	1767	\$53,286			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
From						
	57073	6169	\$53,286	PSP – AGING AND AD	ULT	
To						
			- Crant Control Control			****
	on. (Attach Memo if Ne					
				ing unanticipated revenu dment #1 and making co		
Other Cha		ct fullus per agreer	nent AP-1516-08 Amen	dinent #1 and making co	rresponding appro	opriations in
Other Che	nges.					
			***	W CAPPARA M		
p/: DEPAR	TMENT HEAD	DATE:	BY: BUE	OGET DIRECTOR	DATE:	
	N/	1.91	10/10			
) //				
	Board Action Required		Four-Fifths Vote Requ	ired <u> </u>	Action Not Requi	red
Rema	irks:					
BY: COUNT	TY CONTROLLER				DATE:	
					Marker	
	Mor			b	. 9/24/15	
2 /	Approve as Requested		Approve as Boyland			<u> </u>
3. A Rema	• •	L	Approve as Revised	☐ Disap	prove	
nema	ii Ko.					
	A NAANIA GES			· · · · · · · · · · · · · · · · · · ·	I DATE:	· · · · · · · · · · · · · · · · · · ·
BA: COON	MANAGER				DATE:	_
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