

COUNTY OF SAN MATEO				REQUEST NO.	
APPROPRIATION TRANSFER REQUEST				ATR/S- 070	
NON-DEPARTMENTAL SERVICES (8000B)				June 30, 2015	
1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:					
FROM	CODES		AMOUNT	DESCRIPTION	
	FUND OR ORG	ACCOUNT			
	80125	1135	4,800,000	Sales & Use Tax – Measure A	
TO	80125	5868	4,800,000	Outside Hospital Service	
	Justification (Attach Memo if Necessary):				
	To appropriate Measure A funding to cover the HPSM/Seton agreement for the four month period March through June, 2015, at \$1.2 million per month.				
DEPARTMENT HEAD		DATE		DATE	
John Saco		06/29/2015		06/29/2015	
2. ☐ Board Action Required ☒ Four-Fifths Vote Required ☐ Board Action Not Required					
COUNTY CONTROLLER		DATE		DATE	
M. Lopez		06/29/15		06/29/15	
3. ☒ Approve as Requested ☐ Approve as Revised ☐ Disapproved					
COUNTY MANAGER		DATE		DATE	
C. Lopez		06/29/15		06/29/15	
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: _____

PRESIDENT, BOARD OF SUPERVISORS
COUNTY OF SAN MATEO

ATTEST:

Clerk of Said Board