

COUNTY OF SAN MATEO APPROPRIATION TRANSFER REQUEST				REQUEST NO. ATR17-027
DEPARTMENT(S): County Manager's Office				Date: 02/28/2017 (FY 2016-17)
1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:				
	CODES		AMOUNT	DESCRIPTION
	FUND OR ORG	ACCOUNT		
FROM	82110	8811	7,836,697	Capital Reserves (Non-Gen Fd)
	84720	2731	7,836,697	Operating Tsfr In
TO	82110	7546	7,836,697	Operating Tsfr Out-Cap Proj
	84720	7211	7,836,697	Fixed Assets-Structure/Improv
Justification (Attach Memo if Necessary): Appropriation Transfer Request to appropriate the transfer of funds from the Accumulated Capital Outlay Fund to the Other Capital Construction Fund for the San Mateo Health System Campus Master Plan and agreement with Taylor Design.				
DEPARTMENT HEAD [Signature]			DATE 02/17/17	
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 2/17/17	
3. <input checked="" type="checkbox"/> Approve as Requested <input type="checkbox"/> Approve as Revised <input type="checkbox"/> Disapproved				
COUNTY MANAGER (Assistant) [Signature]			DATE 2/21/17	
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