| | APP | ROPRIATIO | ON TRANSFER | REQUEST | | ATR 18-034 | |
|---|---------------------------------------|-----------------------------------|---|-----------------|--|--|--|
| DEPARTMENT PUBLIC WORKS | | | | | | DATE 03/16/18 | |
| 1. REQUEST | TRANSFER C | F APPROPR | IATION AS LIST | ED BELOW: | | | |
| | СОГ | DES | | | | | |
| | FUND OR ORG | ACCOUNT | AMOUNT | | DESC | RIPTION | |
| | | | | | | | |
| FROM | 85870 | 1135 | \$155,000 | | Tax- Measure A | | |
| | 85870 | 7211 | \$155,000 | - | Structure/Improv | rement | |
| - | 48468 | 1135 | \$155,000 | | Sales & Use Tax- Measure A Infrastructure Assets- Water & Sewer | | |
| то | 48468 | 7412 | \$155,000 | Inirastructure | Illiastructure Assets- water & sewer | | |
| Appropriation corresponding | expenditures are renue and fixed a | t appropriating e appropriated | \$155,000 in Measur for completion of ne | ew well constru | action. A corre | esponding reduction in dy in the Capital Projects | |
| | | | | | 7 | -1/-18 | |
| 2. U Board Remarks: | l Action Re qui r | ed S | Four-Fifths Vote | Required | □ В | oard Action Not Require | |
| Remarks. | | | | | | | |
| | | | | | | | |
| COUNTY CONTROLLER MAN | | | | | DATE 4 | 1.8/18 | |
| 3. Appro | ove as Request | ed 🗆 | Approve as Revi | sed | | Pisapproved | |
| Remarks: | ۱ | | | | | | |
| <u> </u> | mh | | | | | | |
| COUNTY MA | NAGER | | | | DATE 4 | -18-18 | |
| D | O NOT WRIT | E BELOW TH | IS LINE - FOR E | BOARD OS S | UPERVISO | RS USE ONLY | |
| | BOAR | | SORS, COUNTY OF S ESOLUTION TRANS | | | FORNIA | |
| | | RE | SOLUTION NO | | | | |
| RES | SOLVED, by the B | Soard of Superv | isors of the County | of San Mateo, | that | | |
| | | | bove named in the er of certain funds a | | | | |
| | | | as approved said Rensfer of funds as set | | | available balances, and the | |
| | | | ORDERED AND DET of funds as set fort | | | ndations of the County d. | |
| Regularly passed and adopted this | | | | day of | | 20 | |
| Ayes an in favor of said resolution: Supervisors: | | | | | against said | resolution: | |
| | | | Abs Sup | | | | |
| | | | | | • | F SUPERVISORS | |
| ATTEST: | | | | CC | DUNTY OF SA | N MATEO | |
| ALILSI. | Clerk of | Said Board | | | | | |

COUNTY OF SAN MATEO

REQUEST NO.