

COUNTY OF SAN MATEO APPROPRIATION TRANSFER REQUEST				REQUEST NO. ATR 18-050E	
DEPARTMENT: COUNTY MANAGER'S OFFICE (PDU)				DATE: 7/24/2018 FY17-18	
1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:					
	CODES				
	FUND OR ORG	ACCOUNT	AMOUNT	DESCRIPTION	
FROM	12310	2652	91,776	Project Cost Reimbursement	
TO	12310	5847	91,776	Contract Project Management	
Justification (Attach Memo if Necessary): Recognize a reimbursement from the Maple Street Correctional Center project fund for Project Manager time paid out of the Project Development Unit's administrative budget.					
DEPARTMENT HEAD <i>[Signature]</i>				DATE 7-24-18	
2. <input type="checkbox"/> Board Action Required <input checked="" type="checkbox"/> Four-Fifths Vote Required <input type="checkbox"/> Board Action Not Required					
Remarks:					
COUNTY CONTROLLER <i>[Signature]</i>				DATE 7/27/18	
3. <input checked="" type="checkbox"/> Approve as Requested <input type="checkbox"/> Approve as Revised <input type="checkbox"/> Disapproved					
Remarks:					
COUNTY MANAGER <i>[Signature]</i>				DATE 7/24/18	
DO NOT WRITE BELOW THIS LINE – FOR BOARD OS 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