

COUNTY OF SAN MATEO APPROPRIATION TRANSFER REQUEST				REQUEST NO. ATR19-009
DEPARTMENT(S): PUBLIC WORKS				Date: 11/6/2018 11/13/18 (FY 2018-19)
1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:				
	CODES			
	FUND OR ORG	ACCOUNT	AMOUNT	DESCRIPTION
FROM	80125	1135	60,000	Sales & Use Tax – Measure K
	80125	6265	60,000	Misc. Other Contributions
TO	45210	1135	60,000	Sales & Use Tax – Measure K
	45210	5876	60,000	Other Professional Services
Justification (Attach Memo if Necessary): Appropriation Transfer Request to recognize Sales & Use Tax – Measure K revenue and appropriate expenditures for continued waterfront street-end improvement project.				
DEPARTMENT HEAD				DATE 10/29/18
2. <input type="checkbox"/> Board Action Required <input checked="" type="checkbox"/> Four-Fifths Vote Required <input type="checkbox"/> Board Action Not Required				
COUNTY CONTROLLER				DATE 11/1/18
3. <input type="checkbox"/> Approve as Requested <input type="checkbox"/> Approve as Revised <input type="checkbox"/> Disapproved				
COUNTY MANAGER				DATE 11-2-18
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