COUNTY OF SAN MATEO APPROPRIATION TRANSFER REQUEST						REQUEST NO. ATRIB-043	
HEALTH SYSTEM: HEALTH COVERAGE UNIT						5510B	
1. REOUES	t transfer o	F APPROPRI	ATION AS LIST	TED BELOW			
	COL						
	FUND OR ORG	ACCOUNT	AMOUNT		DESCRIPTION		
	55137	1751	1,753,335	State Publ	State Public Health Grant		
FROM							
							
	55137	5612	1,753,335	Other Spe	Other Special Insurance Premium		
то							
Justification	(Attach Memo	if Necessary):					
Memo attache	ea.						
DEPARTMENT HEAD					DATE	1.2212	
2. Board Action Required Four-Fifths Vote Required						6.2018	
Z. U Board	a Action Require	ed 🗹 🛚	rour-rittns vote	Requirea	□ B	oard Action Not Require	
COUNTY COI	NTPALLED				DATE	, 1	
		W	USU		DAIL	8 18	
3. Appro	ove as Requeste		Approve as Revi	sed		Pisapproved	
		(
					,		
COUNTY MANAGER					DATE 6-11	~18	
DO NOT WRITE BELOW THIS LINE				BOARD OF S			
	BΟΔRΙ	OF SUPERVISO	ORS, COUNTY OF S	SAN MATEO S	TATE OF CALL	FORNIA.	
	DOANE		SOLUTION TRANS			IONIA	
		RES	OLUTION NO				
DEC	COLVED by the B		ors of the County				
				_			
			ove named in the look of certain funds a				
			approved said Re fer of funds as set			available balances, and the	
			RDERED AND DETI			ndations of the County I.	
Reg	gularly passed a	S	day of		20		
Ave	es an in favor of	said resolution	n:	Noes and	against said i	resolution:	
•	S:				_		
			 Abse				

						F SUPERVISORS	
ATTEST:				CC	OUNTY OF SA	N MATEO	
VIII71.	Clerk of	Said Board					