

COUNTY OF SAN MATEO APPROPRIATION TRANSFER REQUEST					REQUEST NO. ATR21-050
DEPARTMENT: 5600B EMERGENCY MEDICAL SERVICES GENERAL FUND					DATE: 1/22/2021
1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:					
	CODES			AMOUNT	DESCRIPTION
	FUND or ORG	ACCOUNT	JL ORG CODE Measure K only		
FROM	61121	1135	FAMHX	\$38,817	Sales and Use Tax-Measure K
	61121	5858	FAMHX	\$38,817	Other Professional Contract Sv
TO	56110	1135	EMSRC	\$38,817	Sales and Use Tax-Measure K
	56110	5858	EMSRC	\$38,817	Other Professional Contract Sv
Justification (Attach Memo if Necessary): See attached board memo – This form is for FY 19-20					
DEPARTMENT HEAD				DATE 2/22/2021	
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 2/25/2021	
3. <input checked="" type="checkbox"/> Approve as Requested <input type="checkbox"/> Approve as Revised <input type="checkbox"/> Disapproved					
Remarks:					
COUNTY MANAGER				DATE 2/26/21	
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: _____

PRESIDENT, BOARD OF SUPERVISORS
COUNTY OF SAN MATEO

ATTEST: _____
Clerk of Said Board