

Dept./Office: Social Services

The Following request is deemed necessary. Please report the available balances to the County Executive Officer.

[illegible]

Transfer 91 MOE Realignment from Wfra/5036 to AFDC/5031 Operating Transfer In. Then transfer from AFDC/5031 to CW/5130.

JUSTIFICATION: As stated above or attached memo. DEPARTMENT HEAD By

Prepared by: Rhonda Brown

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TO COUNTY EXECUTIVE OFFICER:

- ☒ Sufficient balances remain in the accounts indicated to effect transfer as requested.
☐ Insufficient balances are available to meet the above request within departmental budget.
 Requires transfer of \$ _____

REMARKS:

No. 2025-T06006

Date 7/1/25

AUDITOR-CONTROLLER By _____

COUNTY EXECUTIVE OFFICER:

RECOMMENDATION

APPROVAL

	DENIED
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COMMENTS:

Date _____

COUNTY EXECUTIVE OFFICER

ACTION OF BOARD OF SUPERVISORS:	APPROVED AS REQUESTED
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APPROVED AS REVISED

		OTHER
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REMARKS:

Date _____

DEPUTY CLERK OF THE BOARD OF SUPERVISORS

JE NO.

Date _____

By: