

COUNTY OF MENDOCINO
REQUEST FOR APPROPRIATION, CANCELLATION OR REVISION OF FUNDS

Dept No. 2830 ^{Office} Department of emergency services Date 5/21/17

To County Auditor-Controller:

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

TRANSFER FROM:			AUDITOR BALANCE	TRANSFER FROM: <u>TO</u>			AUDITOR BALANCE
FUND	ORG/BUDGET			FUND	ORG/BUDGET		
93 <u>2830</u>	<u>861021</u>	<u>\$ 15,656.15</u>		93 <u>2830</u>	<u>864370</u>	<u>\$ 15,656.15</u>	
93		\$		93		\$	
93		\$		93		\$	
93		\$		93		\$	
93		\$		93		\$	

Transfer funds from 2830 861021 in the amount of \$15,656.15 to 2830-864370 fixed Assets to finalize Board approved purchase.

JUSTIFICATION: As stated above or attached memo.

DEPARTMENT HEAD By Kyrn Shuler

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. _____ Date _____ AUDITOR-CONTROLLER By _____

COUNTY EXECUTIVE OFFICER: ☐ RECOMMENDATION ☐ APPROVAL ☐ DENIED

COMMENTS:

Date _____ COUNTY EXECUTIVE OFFICER _____

ACTION OF BOARD OF SUPERVISORS:

- ☐ Approved as requested ☐ Approved as revised ☐ Other

REMARKS:

Date _____ By: _____
DEPUTY CLERK, BOARD OF SUPERVISORS

JE NO. _____ Date _____ By: _____