

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

*(Social Services)*

Dept No. 5020/500 Department of Health and Human Services Date 11/2/17

To County Auditor-Controller:

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

TRANSFER FROM:		AUDITOR	TRANSFER FROM: <u>TO</u>		AUDITOR
FUND	ORG/BUDGET <u>5010</u>	BALANCE	FUND	ORG/BUDGET <u>5010</u>	BALANCE
93	<u>5010 86 2090</u>	<u>\$ 100,000</u>	93	<u>5010 86 4370</u>	<u>\$ 100,000</u>
		<u>517,861.25</u>			<u>36,566.53</u>
93	<u>5010 86 2130</u>	<u>\$ 100,000</u>	93	<u>5010 86 4370</u>	<u>\$ 100,000</u>
		<u>197,400.00</u>			<u>↓</u>
93		\$	93		\$
93		\$	93		\$
93		\$	93		\$

Transfer \$100,000 from SS 862090, Household Expense, and \$100,000 from SS 862130, Maintenance/Improvements/Grounds, for a total of \$200,000 into SS 864370, Equipment, for purchase of One-Stop Job Center reception desk and work stations, for FY 17-18.

JUSTIFICATION: As stated above or attached memo.

DEPARTMENT HEAD By: [Signature]

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. 11T 005 Date 11-2-17

AUDITOR-CONTROLLER By: Lucy Simonson



COUNTY EXECUTIVE OFFICER:  RECOMMENDATION  APPROVAL  DENIED

COMMENTS:

Date 11.2.17

[Signature]  
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: \_\_\_\_\_

EXECUTIVE OFFICE

PER

UKIAH, CALIFORNIA

FUTY CLERK, BOARD OF SUPERVISORS

REMARKS:

ACTION OF BOARD OF SUPERVISORS:  
 Approved as requested  
 Approved as revised  
 Other

Date: 11-3-17

COUNTY EXECUTIVE OFFICER

*[Signature]*

COMMENTS:

COUNTY EXECUTIVE OFFICER:  RECOMMENDATION

APPROVAL  DENIED

No: 11 T 005 Date: 11-3-17

AUDITOR-CONTROLLER BY: *[Signature]*

REMARKS:

Requested transfer of \$

Insufficient balances are available to meet the above request within departmental budget

Sufficient balances remain in the accounts indicated to effect transfer as requested.

TO COUNTY EXECUTIVE OFFICER:

JUSTIFICATION: as stated above or attaching memo  
 reception desk and work stations for FY 17-18.  
 #200,000 into 2284370 Equipment for purchase of one stop job center  
 from 2284370 Maintenance/Improvements/grounds for a total of  
 Transfer \$100,000 from 2284370 Household expenses and \$100,000

FUND	ORG BUDGET	2010	TRANSFER FROM:	FUND	ORG BUDGET	2010	AUDITOR BALANCE
2284370	100,000	100,000	2284370	2284370	100,000	100,000	30,20.22
2284370	100,000	100,000	2284370	2284370	100,000	100,000	↓
2284370	100,000	100,000	2284370	2284370	100,000	100,000	
2284370	100,000	100,000	2284370	2284370	100,000	100,000	
2284370	100,000	100,000	2284370	2284370	100,000	100,000	
2284370	100,000	100,000	2284370	2284370	100,000	100,000	

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

To County Auditor-Controller:

REQUEST FOR APPROPRIATION, CANCELLATION OR REVISION OF FUNDS

COUNTY OF MENDOCINO

Post No: 6020/500 Department of Health and Human Services Date: 11/2/17 (social services)