

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

Dept No. 0327 Department of Air Quality Management District Date 10/16/17

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		BALANCE	FUND	ORG/BUDGET		BALANCE
93	<u>750000</u>	<u>\$50,000</u>	<u>1,291,512</u>	93	<u>86-2183</u>	<u>\$50,000</u>	<u>14,825</u>
93		\$		93		\$	
93		\$		93		\$	
93		\$		93		\$	
93		\$		93		\$	

Agenda Item - See Attached
Transfer of Funds to cover the cost of Legal Fees
For Outside Counsel

JUSTIFICATION: As stated above or attached memo.

DEPARTMENT HEAD By Barbara Wood

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. 10T004 Date 10-27-2017 AUDITOR-CONTROLLER By [Signature]

COUNTY EXECUTIVE OFFICER: RECOMMENDATION APPROVAL DENIED

COMMENTS:

Date 11-1-17 COUNTY EXECUTIVE OFFICER [Signature]

ACTION OF BOARD OF SUPERVISORS:

- Approved as requested
- Approved as revised
- Other

REMARKS:

Date _____ By: _____
DEPUTY CLERK, BOARD OF SUPERVISORS

JE NO. _____ Date _____ By: _____