

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

Dept No. 1710 Department of Executive Office / Capital Improvements Date 11/27/17

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: TO <u>CI</u>		AUDITOR BALANCE		
FUND <u>1100</u>	ORG/BUDGET <u>5010</u>		FUND <u>1201</u>	ORG/BUDGET <u>1710</u>			
93 <u>5010</u>	<u>864370</u>	\$ <u>233,000</u>	41,941.95	93 <u>1710</u>	<u>827802</u>	\$ <u>233,000</u>	(3,144,472.00)
93 <u>5010</u>	<u>865802</u>	\$ <u>233,000</u>	3,106,363.00	93 <u>1710</u>	<u>864360</u>	\$ <u>233,000</u>	7,288,742.30
93		\$		93		\$	
93		\$		93		\$	
93		\$		93		\$	

Transfer \$233,000 from SS 864370 Equipment into CI 864360 structures/improvements for the purchase and installation of one-stop job center reception desk, workstations and data network wiring for FY 17-18

JUSTIFICATION: As stated above on 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. 11T007 Date 11-27-17 AUDITOR-CONTROLLER By [Signature]

COUNTY EXECUTIVE OFFICER: RECOMMENDATION APPROVAL DENIED

COMMENTS:

Date 11/27/17 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: _____