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

Dept./Office:	Capital Projects				Date <u>08/26/2024</u>		
	uditor-Controlle	r: eemed necessary. Plea	se report the availabl	e balances to th	e County Executive O	fficer.	
							AUDITOR
Fund	Org/BU	Object (+Project)	Object Des	cription	AMOUNT	I/D	BALANCE
1224	ME/4052	865802	Operating Trans	fer Out	\$ 7,000,000.00		
1300	CP/1712	827802	Operating Trans	fer In	\$ 7,000,000.00		
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			-			- +	
for the mat	tch to SB844 N: As stated ab	nt is asking for app State funding ove or attached memo	. DEPARTMENT HEAD		Tut-	io Gap	onari rojects
Prepared by:		E VOICE PAR AND	Ph:		Email:		
TO COUNTY E		lances remain in the acc					
REMARKS:	requires trai	isiei 0i \$					
No	Dat	e 9/2/24 :: RECOMME	Acting Auditor-controlli	ER By	ma fer		
COUNTY EXEC COMMENTS:	CUTIVE OFFICER	: RECOMME	NDATION	<b>✓</b> APPROV	AL	DENIE	)
			Darcie (	Intle			
Date9/3/20	24		COUNTY EXECUTIVE	OFFICER			
		RVISORS: APPROVED	AS REQUESTED	APPROVE	) AS REVISED	ОТНЕ	R
			A				
Date _09/10/	/2024		DEPUTY CLERK OF T	HE BOARD OF SI	JPERVISORS		
JE NO			Date	By:			

Approp Transf

Revised 1/19