

## COUNTY OF MENDOCINO

## REQUEST FOR APPROPRIATION, CANCELLATION OR REVISION OF FUNDS

Dept./Office: Executive OfficeDate 07/22/2025

To County Auditor-Controller:

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

Fund	Org/BU	Object (+Project)	Object Description	AMOUNT	I/D	AUDITOR BALANCE
1100	BS/1020	862239	Spec Dept Expense	\$ 4,500.00	D	\$ 40,000.00
1100	BS/1020	862187	Education/Training	\$ 3,500.00	D	\$ 3,500.00
1100	BS/1020	862250	Transportation & Travel	\$ 1,500.00	D	\$ 1,500.00
1100	BS/1020	862253	Travel Out-of-County	\$ 6,000.00	D	\$ 8,250.00
1100	BS/1020	862060	Communications	\$ 4,000.00	D	\$ 4,500.00
1100	BS/1020	862170	Office Expense	\$ 1,000.00	D	\$ 3,000.00

Appropriations adjustment based on Agenda item 4h, "Discussion and Possible Action Including Adoption of Budget Cuts in the Amount of \$20,500 to the line items to the Board of Supervisors' Budget Including \$4,500 from Special Department Expense, \$3,500 from Education/Training, \$1,500 from Transportation In-County, \$6,000 from Travel Out-of-County, \$4,000 from Communications, and \$1,000 from Office Expense (Sponsor: Supervisor Haschak)"

JUSTIFICATION: As stated above or attached memo. DEPARTMENT HEAD BY

Tony Rakes

Digitally signed by Tony Rakes  
Date: 2025.07.24 09:16:40 -07'00'Prepared by: Tony RakesPh: 707.463.4441Email: rakest@mendocinocounty.gov

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. 07T004Date 07/24/2025

AUDITOR-CONTROLLER BY



COUNTY EXECUTIVE OFFICER:

☐ RECOMMENDATION☒ APPROVAL☐ DENIED

COMMENTS:

Sara Pierce

Digitally signed by Sara Pierce  
Date: 2025.07.24 10:37:09 -07'00'

Date \_\_\_\_\_

COUNTY EXECUTIVE OFFICER

ACTION OF BOARD OF SUPERVISORS: ☐ APPROVED AS REQUESTED☐ APPROVED AS REVISED☐ OTHER

REMARKS:

Date \_\_\_\_\_

DEPUTY CLERK OF THE BOARD OF SUPERVISORS

JE NO. \_\_\_\_\_

Date \_\_\_\_\_

By: \_\_\_\_\_