

COUNTY OF MENDOCINO

REQUEST FOR APPROPRIATION, CANCELLATION OR REVISION OF FUNDS

Dept./Office: Environmental Health/Water Agency

Date 06/25/2025

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	EHDR2/4011	862253	TRAVEL & TRSP OUT OF COUNTY	\$ 4,000.00	D	\$74,314.00
1100	EHHAZ/4011	864370	EQUIPMENT	\$ 15,000.00	D	\$26,000.00
1100	EHDR2/4011	864370	EQUIPMENT	\$ 6,000.00	D	\$26,000.00
1100	ND/1000	865802	OPERATING TRANSFER OUT	\$ 25,000.00	I	\$15,152,325.00
3260	HO/0326	862150	MEMBERSHIPS	\$ 25,000.00	I	\$102,043.00
3260	HO/0326	827802	OPERATING TRANSFER IN	\$ 25,000.00	I	\$60,000.00

This is an appropriations change, for FY 25-26. Reducing expenses in out of county travel and fixed assets that will not be funded in Environmental Health, and appropriating that funding for the Water Agency (total appropriations change of \$25,000).

JUSTIFICATION: As stated above or attached memo. DEPARTMENT HEAD BY 
 Prepared by: _____ Ph: _____ Email: _____

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. 2026-07T001 Date 06/30/2025 AUDITOR-CONTROLLER BY 

COUNTY EXECUTIVE OFFICER: RECOMMENDATION APPROVAL DENIED

COMMENTS:

Sara Pierce

Digitally signed by Sara Pierce
Date: 2025.06.25 10:45:22 -07'00'

Date 06/25/2025 COUNTY EXECUTIVE OFFICER

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

REMARKS:

Date 07/08/2025 
DEPUTY CLERK OF THE BOARD OF SUPERVISORS

JE NO. _____ Date _____ By: _____