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EXECUTIVE OFFICE

PER \_\_\_\_\_  
SAN JOSE, CALIFORNIA

# COUNTY OF MENDOCINO

## REQUEST FOR APPROPRIATION, CANCELLATION OR REVISION OF FUNDS

Dept No. MU/7110 Department Mendocino County MuseumDate 2/15/2017

To County Auditor-Controller:

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

TRANSFER FROM:				AUDITOR	TRANSFER TO:				AUDITOR
FUND	1110	ORG/BDGT	MU/7110	BALANCE	FUND	1110	ORG/BDGT	MU/7110	BALANCE
LINE ITEM	DESCRIPTION		AMOUNT		LINE ITEM	DESCRIPTION		AMOUNT	
93-861011	Regular Employees		\$38,650	91,421	93-862189	Professional Services		\$74,000	
93-861012	Extra Help		\$14,000	58,706	93-				
93-861021	Retirement		\$11,400	26,757	93-				
93-861022	OASDI		\$2,200	7,114	93-				
93-861024	Retirement Increment		\$3,850	9,551	93-				
93-861024	Employee Insurance		\$3,900	13,141					
	TOTAL		\$74,000						

The transfer of \$74,000 from the 1000 Series in the Museum Budget to the Professional Services line in the 2000 Series allows the utilization of these funds - salary savings derived from the delay in filling the Collections Curator position and the interim substitution of a part-time extra help Program Specialist II for the second Curator position - to pay for urgent intensive artifact conservation treatment of the Museum's collections of textiles and leather, as well as identified individual items, which are threatened by exposure to insects, humidity, and mold.

JUSTIFICATION: As stated above.

DEPARTMENT HEAD By: Alison Glassey

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. 03T010Date 3-25-17By: [Signature]  
AUDITOR-CONTROLLER

COUNTY EXECUTIVE OFFICER:

☒ RECOMMENDATION☐ APPROVAL☐ DENIED

COMMENTS:

Date 3-21-17By: [Signature]  
COUNTY EXECUTIVE OFFICER

ACTION OF BOARD OF SUPERVISORS:

☐ Approved as requested☐ Approved as revised☐ Other

REMARKS:

Date \_\_\_\_\_

By: \_\_\_\_\_  
DEPUTY CLERK, BOARD OF SUPERVISORS

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

Date \_\_\_\_\_

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

6/19/2008 (computer version)

☐ Auditor Copy - White  
☐ Department - Blue

☐ Auditor File - Green  
☐ Requesting Dept - Pink

Approp Transf