

COPY

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

Dept No. 2830 <sup>Office</sup> Department of Emergency Services Date 5/10/17

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: <u>TO</u>			AUDITOR BALANCE
FUND	ORG/BUDGET			FUND	ORG/BUDGET		
93	<u>862239</u>	\$ <u>27,790.94</u>		93	<u>864370</u>	\$ <u>27,790.94</u>	
93		\$		93		\$	
93		\$		93		\$	
93		\$		93		\$	
93		\$		93		\$	

Transfer Funds from 2830-862239 in the amount of \$27,790.94 into 2830-864370-fixed Assets to cover an approved purchase.

JUSTIFICATION: As stated above or attached memo.

DEPARTMENT HEAD By Kyrna Stuber

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. \_\_\_\_\_ Date \_\_\_\_\_ AUDITOR-CONTROLLER By \_\_\_\_\_

COUNTY EXECUTIVE OFFICER: ☐ RECOMMENDATION ☐ APPROVAL ☐ DENIED

COMMENTS:

Date \_\_\_\_\_ 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: \_\_\_\_\_