

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

Dept No. JA Department of Sheriff / Jail Date 9/12/17

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		\$		93		\$	
93	<u>2511</u>	<u>827700</u>		93	<u>2510</u>	<u>827802</u>	
		\$ <u>40,000-</u>				\$ <u>72,974.53</u>	
93	<u>25110</u>	<u>750000</u>		93		\$	
		\$ <u>32,974.53</u>		93		\$	
93		\$		93		\$	
93		\$		93		\$	

Budget transfer of refund \$40,000 and \$32,974.53  
Fund Balance to JA 827802 to offset expenses.

JUSTIFICATION: As stated above or attached memo.

DEPARTMENT HEAD By Kyrin Brady

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: \_\_\_\_\_