

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

Dept No. 5010 Department of HHS Social Services Date 1-10-18

To County Auditor-Controller:

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

TRANSFER FROM:			AUDITOR	TRANSFER FROM:			AUDITOR
FUND	ORG/BUDGET		BALANCE	FUND	ORG/BUDGET		BALANCE
93	1100	SS/5010		93	1100	SS/5010	
93	96210	Maintenance	\$ 15,000.00	93	964370	Travel	\$ 15,000.00
93				93			
93				93			
93				93			
93				93			
93				93			

Replace broken folding/sorting machine for  
'a' WORKS Job Services in Ukiah

JUSTIFICATION: As stated above or attached memo.

DEPARTMENT HEAD By [Signature]

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. 017010 Date 1/24/2018 AUDITOR-CONTROLLER By [Signature]

COUNTY EXECUTIVE OFFICER: ☐ RECOMMENDATION ☐ APPROVAL ☐ DENIED

COMMENTS:

Date 1/24/18 COUNTY EXECUTIVE OFFICER [Signature]

ACTION OF BOARD OF SUPERVISORS:

☒ Approved as requested ☐ Approved as revised ☐ Other

REMARKS:

Date 3-1-18 By: Karla Van Hagen  
DEPUTY CLERK, BOARD OF SUPERVISORS

JE NO. \_\_\_\_\_ Date \_\_\_\_\_ By: \_\_\_\_\_