

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

Dept No. 4013 Department of Public Health Nursing/HHSA Date _____

To County Auditor-Controller:

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

TRANSFER FROM:			AUDITOR	TRANSFER FROM: ^{TO:}			AUDITOR
FUND	ORG/BUDGET		BALANCE	FUND	ORG/BUDGET		BALANCE
<u>93 825341</u>	<u>\$ 20,935-</u>	<u>508,173</u>		<u>93 862170</u>	<u>\$ 5,995</u>	<u>-5,702</u>	
<u>93</u>	<u>\$</u>			<u>93 864370</u>	<u>\$ 14,940</u>	<u>16,982</u>	
<u>93</u>	<u>\$</u>			<u>93</u>	<u>\$</u>		
<u>93</u>	<u>\$</u>			<u>93</u>	<u>\$</u>		
<u>93</u>	<u>\$</u>			<u>93</u>	<u>\$</u>		

Increase PNADM 864370 \$14,940 and PNADM 862170 \$5,995 for purchase of workstations, conference room furniture and equipment. Increase PNADM 825341 \$20,935, source of funds 2810-760900 PH Realignment.

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: 2810-760900 Public Health Realignment
Balance \$ 2,873,771

No. 04T018 Date 4/24/18

AUDITOR-CONTROLLER By [Signature]

COUNTY EXECUTIVE OFFICER: ☒ RECOMMENDATION ☐ APPROVAL ☐ DENIED

COMMENTS:

Date 4/25/18

COUNTY EXECUTIVE OFFICER [Signature]

ACTION OF BOARD OF SUPERVISORS:

- ☒ Approved as requested ☐ Approved as revised ☐ Other

REMARKS:

Date 5/9/18

By: Karla Van Hagen
DEPUTY CLERK, BOARD OF SUPERVISORS

JE NO. _____ Date _____ By: _____