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

Dept No. Department of	a strain	16136 1011/2 Date 5/17/13
To County Auditor-Controller: The following request is deemed necessary. Please report the available balances to County Executive Officer.		
TRANSFER FROM: FUND \\CC ORG/BUDGET \CC	AUDITOR BALANCE	TO; TRANSFER-FROM: AUDITOR FUND \(\lambda \cdot
93	43,325 ³	93
JUSTIFICATION: As stated above or attached memo. DEPARTMENT HEAD By		DEPARTMENT HEAD BY 1945
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 \$		
COUNTY EXECUTIVE OFFICER: RECOMMENDATION APPROVAL DENIED COMMENTS:		
Date		COUNTY EXECUTIVE OFFICER
ACTION OF BOARD OF SUPERVISORS: Approved as requested Approved as re REMARKS: Date	evised [Other By: DEPUTY CLERK, BOARD OF SUPERVISORS
JE NO Date		Ву:

6/19/2008

Auditor Copy - White Department - Blue Auditor File - Green Requesting Dept - Pink

Approp Transf