## COUNTY OF MENDOCINO

REQUEST FOR APPROPRIATION, CANCELLATION OR REVISION OF FUNDS

Dept./Office: Executive Office Date 10/31/2019

Dept./Office	- Excedive office			Date 10/31/2019		
To County A	uditor-Controlle	r:				
The Follow	ing request is d	eemed necessary. Plea	se report the available balances to the	e County Executive Of	ficer.	
Fund	Org/BU	Object (+Project)	Object Description	AMOUNT	1/5	AUDITOR
1100	EO/1020	864370	EQUIPMENT	\$ 35,000.00	I/D	BALANCE
1100	EO/1020	862189			- <u>-</u>	
1100		002109	PROF & SPEC SVCS-OTHR	\$ 35,000.00	_ <u>D</u>	116,575
	-	-				
	_	_				
	_				_	
	_					
Prepared by:	Executive Office  EXECUTIVE OFFICE  Sufficient bal	CER: ances remain in the acc	DEPARTMENT HEAD BY Ph: 707-463-4441		cinocou	inty-org
REMARKS: Repl No	Insufficient b Requires tran	alances are available to sfer of \$	meet the above request within department of the state of		bi	
COUNTY EXEC	CUTIVE OFFICER	RECOMME			DENIE	
Date	22/19 DARD OF SUPER	VISORS: APPROVED	COUNTY EXECUTIVE OFFICER AS REQUESTED APPROVED	AS REVISED	ОТН	ER
Date 1/-	819		LEPUTY CLERK OF THE BOARD OF SM	PERVISORS		
JE NO.		Г	Date By:	J. 2.1.2		

Revised 1/19