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

ept./Office	e: OES				Date 06/27/2022	<u> </u>	
o County A	Auditor-Controlle	r:		P. C		Carried Const	
The Follow	wing request is d	leemed necessary. Ple	ase report the availa	ble balances to	the County Executive (Officer.	
							AUDITOR
Fund	Org/BU	Object (+Project)	Object De	escription	AMOUNT	I/D	BALANCE
1100	ES/2830	825670	Federal Other	Revenue	\$ 60,000.00	1	\$203,421
1100	ES/2830	864370	Equipment		\$ 60,000.00		\$58,000
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	ON: As stated al	bove or attached mem	o. DEPARTMENT HE Ph: <u>(707)463-566</u>		Email: blaserb@me	ndocinos	sheriff.org
O COUNTY	EXECUTIVE OFF	ICER:					
	The state of the s	alances remain in the a					
		balances are available	to meet the above re	equest within de	epartmental budget.		
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REMARKS:							
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No. <u>07T00</u>)4 Da	te 06/28/2022	_AUDITOR-CONTRO	LLER BY	nunce	u	10m
COUNTY EX	ECUTIVE OFFICE	R: RECOMM	IENDATION	VAPPR	ROVAL	DEN	IED
COMMENTS	S:						
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	12/2022		DEPUTY CLERK O	A CONTRACTOR OF THE PARTY OF TH	OF SUPERVISORS		
E NO	12/2022		DEPUTY CLERK O	F THE BOARD O	OF SUPERVISORS		
THE PERSON NAMED IN COLUMN	12/2022	<i>*</i>		A CONTRACTOR OF THE PARTY OF TH	OF SUPERVISORS		Approp Transf

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