

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

Dept No. _____ Department of Sheriff's Office Date 4/7/17

To County Auditor-Controller:

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

TRANSFER FROM:		AUDITOR BALANCE	TRANSFER FROM: <u>TO</u>		AUDITOR BALANCE
FUND	ORG/BUDGET		FUND	ORG/BUDGET	
93 <u>1100 770068</u>	<u>\$65,540.97</u>		93 <u>2310-864370</u>	<u>\$65,540.97</u>	
93	\$		93	\$	
93	\$		93	\$	
93	\$		93	\$	
93	\$		93	\$	

Appropriate Funds from Designated Reserve 1100-770068 \$65,540.97 to 2310 864370 Equipment to use for Vehicle Builds and SWAT Purchases.

JUSTIFICATION: As stated above or attached memo.

DEPARTMENT HEAD By Kyra Shuler

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. _____ Date _____ AUDITOR-CONTROLLER By _____

COUNTY EXECUTIVE OFFICER: ☐ RECOMMENDATION ☐ APPROVAL ☐ DENIED

COMMENTS:

Date _____

COUNTY EXECUTIVE OFFICER

ACTION OF BOARD OF SUPERVISORS:

- ☐ Approved as requested ☐ Approved as revised ☐ Other

REMARKS:

Date _____

By: _____
DEPUTY CLERK, BOARD OF SUPERVISORS

JE NO. _____ Date _____ By: _____