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

Dept./Office	: HHSA-BHRS-M	1HSA			Date <u>05/19/2020</u>		
To County A	uditor-Controlle	er:					
The Follow	ing request is o	deemed necessary. Ple	ase report the availab	le balances to the	County Executive	e Officer.	
From J	0/011	Objection	Object Dec		ANACHINIT		AUDITOR
Fund	Org/BU	Object (+Project)	Object Des		AMOUNT	I/D	BALANCE
223	_ MACFT	862189	Prof. & Spec Sv	cs	\$ 9,061.26	<u>D</u>	132,100
223	MACFT	864370	Equipment		\$ 9,061.26		-0-
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		Post State					
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pared by: _	Andrea Turchin ECUTIVE OFFIC Sufficient bala	inces remain in the acc	Ph: <u>707-472-2371</u> ounts indicated to effo	ect transfer as rec		1/2/	A.KD
L		lances are available to	meet the above reque	est within departr	mental budget.	AM	KECELA JUSO
MARKS:	Requires trans					12	MAN WASTER
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0510	27 Date	5/19/20	UDITOR-CONTROLLER	R By Class	was (	Veek	bor
JNTY EXECU	TIVE OFFICER:	RECOMMEN	DATION	APPROVAL		DENIEC	)
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05/	21/20		***************************************				
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			DEPUTY CLERK OF THE	BOARD OF SUPE	RVISORS		
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