

COUNTY OF MENDOCINO

REQUEST FOR APPROPRIATION, CANCELLATION OR REVISION OF FUNDS

Dept./Office: Executive Office

Date 12/15/2020

To County Auditor-Controller:

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

Fund	Org/BU	Object (+Project)	Object Description	AMOUNT	I/D	AUDITOR BALANCE
1100	GA 1620	864370	Equipment	\$ 15,000.00	D	20,000
1100	GA 1620	865802	OTO	\$ 15,000.00	I	0
1201	CI 1710	827802	OTI	\$ 15,000.00	I	2,801,150
1201	CI 1710	864360-CI027	Structures and Improvements	\$ 15,000.00	I	4,792,267

New project creation to complete installation of new Vehicle lift in the Garage. Transfer from Garage Equipment to Capital Improvement.

JUSTIFICATION: As stated above or attached memo. DEPARTMENT HEAD By _____

Prepared by: _____

Ph: _____

Email: _____

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. 12TD12 Date 12/29/20 AUDITOR-CONTROLLER BY _____

COUNTY EXECUTIVE OFFICER:

☐ RECOMMENDATION

☒ APPROVAL

☐ DENIED

COMMENTS:

Date 12/30/20

COUNTY EXECUTIVE OFFICER

ACTION OF BOARD OF SUPERVISORS: ☒ APPROVED AS REQUESTED

☐ APPROVED AS REVISED

☐ OTHER

REMARKS:

Date 1/28/2021

DEPUTY CLERK OF THE BOARD OF SUPERVISORS

JE NO. _____

Date _____

By: _____