COUNTY OF MENDOCINO

REQUEST FOR APPROPRIATION, CANCELLATION OR REVISION OF FUNDS

Dept./Office: Executive Office/Risk Management Date 02/03/2021

	uditor-Controlle ving request is d	r: leemed necessary. Ple	ase report the availa	ble balances to the Co	ounty Executive	e Officer.	
المسامة	O==/DII	Object	Ohi + D		ANACHINIT		AUDITOR
Fund 7130	Org/BU GL0713	Object (+Project) 825810	Other Govt	escription •	AMOUNT 23,700.00	I/D	BALANCE
		_					\$ 39,032.00
7130	GL0713	865802	OTO		33,700.00		\$ 56,000.00
1100	SS/5010	827802	OTI		33,700.00		\$ 0.00
1100	SS/5010	864370	Equipment		33,700.00		\$ 65,000.00
	_	_	_				
		-					
		_	_				
		-	_				
	_						
JUSTIFICATION: As stated above or attached memo. DEPARTMENT HEAD BY Prepared by: Heather Correll Rose Ph: 707234-6061 Email: correll@mendocinocounty.org 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 \$							
_{No.} 04T020	Dat	te 04/20/2021	_ AUDITOR-CONTROL				d by Chamise Cubbison .20 14:29:12 -07'00'
COUNTY EXE COMMENTS:	CUTIVE OFFICEF	R: RECOMMI	ENDATION	x APPROVAL		DENIE	ED
			Darci	e antle			
Date 4/21/2021 COUNTY EXECUTIVE OFFICER							
ACTION OF BOARD OF SUPERVISORS: APPROVED AS REQUESTED APPROVED AS REVISED OTHER							
REMARKS:				man	S NEVIGED		
Date MAY 0 5 2021 DEPUTY CLERK OF THE BOARD OF SUPERVISORS							
JE NO			Date	By:			

Revised 1/19