

REQUEST FOR APPROPRIATION, CANCELLATION OR REVISION OF FUNDS

Date 08/10/2021

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

[illegible]

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

Bob Chapman

Digitally signed by Barbra Chapman
Date: 2021.08.10 16:18:57 -07'00'

Prepared by: Barbra Chapman

ph: 367-8216

Email: chapmanb@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 \$

REMARKS:

No. 08T001

Date 08/10/2021

AUDITOR-CONTROLLER By

Chamusi Clubin

Digitally signed by
Chamise Cubbison
Date: 2021.08.10
16:54:30 -07'00'

COUNTY EXECUTIVE OFFICER:

RECOMMENDATION

☒ APPROVAL

		DENIED
--	--	--------

COMMENTS:

Date 01/11/21

COUNTY EXECUTIVE OFFICER

ACTION OF BOARD OF SUPERVISORS: ☒ APPROVED AS REQUESTED

☐ APPROVED AS REVISED

☐ OTHER

REMARKS:

Date 8/17/2021

DEPUTY CLERK OF THE BOARD OF SUPERVISORS

JE NO.

Date _____

Bv: