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

EMPS gency ServicesDate 2-11-16 8.3 Department of ____ Dept No. IJ

To County Auditor-Controller:

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

TRANSFER FROM: FUND 100 org/budget $ES/2830$	AUDITOR BALANCE	transfer f rom: "TO fund <u>//OO_</u> org/budget <u>E.S./5830</u>	AUDITOR BALANCE
93 86 2739 \$ 8,000 93 8 2739 \$ 8,000 93 8 93 8 94 8 95 9 95 9 96 9 97	70,272.81 pec 1a/ fo ec 5ler T1	93 \$ 93 \$ 93 \$ 93 \$ 93 \$ 93 \$	-0- Onse ndes
TO COUNTY EXECUTIVE OFFICER:			
Sufficient balances remain in the accou	nts indicated to effe	ct transfer as requested.	
Insufficient balances are available to me		st within departmental budget.	
Requires transfer of \$ REMARKS:			
No. <u>27008</u> Date <u>2-17</u>	-16	AUDITOR-CONTROLLER By Xucy	monion
		APPROVAL DENIED	
Date3/2/16		COUNTY EXECUTIVE OFFICER	
ACTION OF BOARD OF SUPERVISORS: Approved as requested Approved as REMARKS:	revised	Other	
Date		By: DEPUTY CLERK, BOARD OF SUPERVISORS	
Date JE NO Date			