

Please Indicate Type:

| |
|---|
| X |
|---|

(Requires 4/5 Board of Supervisors Approval)

| | |
|--|--|
| | |
|--|--|

(Requires 4/5 Board of Supervisors Approval)

11

(Requires Board of Supervisors Approval)

(Requires Admin. and Auditor Approval)

| | |
|--|--|
| | |
|--|--|

(Requires Auditor Approval)

Total

Submitted: Cynthia L. Lina 09/26/16

09/26/16

Date _____

Sufficient Funds:

Auditor-Controller

Date _____

Administrative Officer

Date _____

Date _____

Clerk of the Board: _____

Vote: _____ Yes _____ No

Budget Adjustment No:

Date Batch Input Completed:

By: