

Tehama County Auditor's Office
BUDGET APPROPRIATION INCREASE REQUEST

DEPARTMENT NAME Social Service Contribution
 & Senior Nutrition

Auditor Number B-78
 Date: May 22, 2024

I am requesting an increase or decrease to my budget appropriations as listed below:

Check one "Previous Year Revenue" "New Revenue"
 Funding Source General Fund Contribution

*****Note** General Fund and Public Safety "MUST" use Contingency when increasing budget

Increase Revenue Budget				Increase Expenditure Budget			
FUND DEPT NO	ACCOUNT NUMBER	ACCOUNT NAME	AMOUNT	FUND DEPT NO	ACCOUNT NUMBER	ACCOUNT NAME	AMOUNT
5000	59719	Senior Nutrition Contribution	\$ 12,982.00	1109	59000	Contingency	\$ 12,982.00
1109	59000	Contingency	\$ 12,982.00	5063	471220	Operating Transfer In	\$ 12,982.00
Total Journal			\$ 25,964.00	Total Journal			\$ 25,964.00

INCREASE / (DECREASE) APPROVED

Debra Peterson
 SIGNATURE OF REQUESTING OFFICIAL DATE 5/22/24

Donna Palmer
 AUDITOR DATE _____

BOARD OF SUPERVISORS DATE _____