

Tehama County Auditor's Office
BUDGET APPROPRIATION INCREASE REQUEST

DEPARTMENT NAME Animal Services

Auditor Number B-48

Date: _____

I am requesting an increase to my budget appropriates as listed below:

Check one "Previous Year Revenue" "New Revenue"

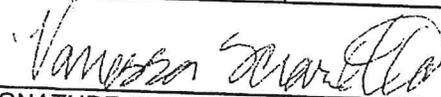
Funding Source California Animal Welfare Funders Collaborative (CAWFC) Grant funds (431)

***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
2078	4711206	SN Revenue	\$ 2,990.00	101-1109	59000	Contingency	\$ 2,990.00
101-1109	59000	Contingency	\$ 2,990.00	2078	532806	SN Expense	\$ 2,990.00
Total Journal			\$ 5,980.00	Total Journal			\$ 5,980.00

TRANSFER APPROVED


 AUDITOR _____
 DATE 2/1/24


 SIGNATURE OF REQUESTING OFFICIAL _____
 DATE 1-31-24

BOARD OF SUPERVISORS _____
 DATE _____