

BUDGET APPROPRIATION INCREASE REQUEST

DEPARTMENT NAME PROBATION

Auditor Number B-58

Date: March 13, 2026

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

Check one "Previous Year Revenue" "New Revenue"

Funding Source Fund 581- Cal-AIM PATH 3

***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
2036	4505724	Fund 581-CalAIM PATH 3	\$ 14,151.25	2002	59000	Contingency	\$ 14,151.25
2002	59000	Contingency	\$ 14,151.25	2036	53230	Professional Services	\$ 14,151.25
Total Journal			\$ 28,302.50	Total Journal			\$ 28,302.50

INCREASE / (DECREASE) APPROVED

James Mack 3-13-26
 SIGNATURE OF REQUESTING OFFICIAL DATE

SANDRA PALMER 3/13/2026
 AUDITOR DATE

 BOARD OF SUPERVISORS DATE

HEALTH MANAGEMENT ASSOCIATES, INC.

INVOICE

Tehama County Probation Department
Att. Finance
yruiz@tcprobation.org
omorales@tcprobation.org; jwooll@tcprobation.org
Red Bluff, CA 96080

March 10, 2026
Invoice Number: 211996 - 0000027
Due Date: April 09, 2026

Current Invoice Total \$14,151.25

Project: 211996 Tehama County: Medi-Cal DHCS

Professional Services from February 01, 2026 to February 28, 2026

Task: Probation

Professional and Consulting Services Rendered:

	Hours	Rate	Fees	
██████████	4.75	400.00	1,900.00	
██████████	11.00	260.00	2,860.00	
██████████	13.25	440.00	5,830.00	
██████████	19.25	185.00	3,561.25	
Total Hours / Fees	48.25		14,151.25	
Subtotal Fees				14,151.25
		Current Invoice Total		\$14,151.25

HMA's preferred method of payment is via ACH:

██████████
██
██
██