Tehama County Auditor's Office

BUDGET APPROPRIATION INCREASE REQUEST

DEPARTMENT NAME CALAIM/Jail

Auditor Number B-64

Date: 5/12/2025

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

Check one [X] **"Previous Year Revenue"** [ ] **"New Revenue"**

Funding Source CALAIM AB133 funds held in account 581 for payment to HMA for services rendered through April 2025.

****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**
2032	4505723	CALAIM	$ 5,845.00	2002	59000	Contingency	$ 5,845.00
2002	59000	Contingency	$ 5,845.00	2032	53230	Professional/Special Services	$ 5,845.00
		Total Journal	**$ 11,690.00**			Total Journal	**$ 11,690.00**

TRANSFER APPROVED

5.12.2025

SIGNATURE OF REQUESTING OFFICIAL DATE

Ana Zamacona 5/12/2025

AUDITOR DATE

BOARD OF SUPERVISORS DATE

A-117
07/2018