

**BUDGET APPROPRIATION INCREASE REQUEST**DEPARTMENT NAME CALAIM/JailAuditor Number B-6Date: 9/23/2025

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

**Check one** ☒ "Previous Year Revenue" ☐ "New Revenue"**Funding Source** CALAIM AB133 funds held in account 581 for payment to HMA for services rendered through July 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	\$ 11,568.75	2002	59000	Contingency	\$ 11,568.75
2002	59000	Contingency	\$ 11,568.75	2032	53230	Professional/Special Services	\$ 11,568.75
Total Journal			\$ 23,137.50	Total Journal			\$ 23,137.50

TRANSFER APPROVED


 SIGNATURE OF REQUESTING OFFICIAL

 9/23/25  
 DATE

 Ana Zamacena  
 AUDITOR

 9/23/2025  
 DATE

BOARD OF SUPERVISORS DATE