

**BUDGET APPROPRIATION TRANSFER REQUEST**

Auditor Number B-83

DEPARTMENT NAME Probation

Date: June 8, 2026

Due to a budget deficiency, or unanticipated expense, I am requesting a transfer, or an additional appropriation as listed below.

| Budget Transfer From |                |              |                           | Budget Transfer To |                |              |                           |
|----------------------|----------------|--------------|---------------------------|--------------------|----------------|--------------|---------------------------|
| FUND DEPT NO         | ACCOUNT NUMBER | ACCOUNT NAME | AMOUNT                    | FUND DEPT NO       | ACCOUNT NUMBER | ACCOUNT NAME | AMOUNT                    |
| 2035                 | 51011          | Extra Help   | \$ 5,000.00               | 2035               | 5101014        | Standby      | \$ 5,000.00               |
|                      |                |              | Total Journal \$ 5,000.00 |                    |                |              | Total Journal \$ 5,000.00 |

TRANSFER APPROVED

*Ana Zamacona*

AUDITOR

6/08/2026

DATE

*James [Signature]* 6-8-26  
SIGNATURE OF REQUESTING OFFICIAL DATE

\_\_\_\_\_  
BOARD OF SUPERVISORS DATE

**Tehama County**  
**PROBATION - TEBD260 Expenditures Over Budget**  
**Fiscal Year: 2026**  
**As of 06/08/2026**

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| Dept                   | Budget Unit | Account | Account Desc              | Budget     | YTD Actual | Amount Over      | % of Budget Expended |
|------------------------|-------------|---------|---------------------------|------------|------------|------------------|----------------------|
| PROB                   | 2035        | 5101014 | STANDBY                   | 15,487.00  | 17,646.94  | 2,159.94         | 113.95%              |
| PROB                   | 2036        | 53130   | FOOD                      | 217,033.00 | 233,473.46 | 16,440.46        | 107.58%              |
| PROB                   | 2036        | 53291   | TRANSPORTATION EXPENSE    | 1,000.00   | 1,615.44   | 615.44           | 161.54%              |
| PROB                   | 2037        | 51011   | EXTRA HELP                | 5,000.00   | 6,055.15   | 1,055.15         | 121.10%              |
| PROB                   | 2037        | 51012   | OVERTIME COMPENSATION     | 80,000.00  | 93,492.42  | 13,492.42        | 116.87%              |
| PROB                   | 2037        | 53110   | CLOTHING & PERSONNEL SUPP | 11,251.00  | 11,714.95  | 463.95           | 104.12%              |
| PROB                   | 2037        | 53180   | MTCE STRUCT-IMPRV-GROUNDS | 3,000.00   | 3,986.40   | 986.40           | 132.88%              |
| PROB                   | 2037        | 53190   | MEDICAL/DENTAL LAB SUPPLY | 5,000.00   | 9,125.40   | 4,125.40         | 182.51%              |
| PROB                   | 2037        | 53200   | MEMBERSHIPS & DUES        | 4,067.12   | 4,119.56   | 52.44            | 101.29%              |
| PROB                   | 2037        | 53240   | PUBLICATION/LEGAL NOTICES | 1,000.00   | 2,135.42   | 1,135.42         | 213.54%              |
| PROB                   | 2037        | 53290   | EMPLOYEE TRAVEL/TRAINING  | 76,842.00  | 78,164.75  | 1,322.75         | 101.72%              |
| <b>Overall - Total</b> |             |         |                           |            |            | <b>41,849.77</b> |                      |

**Departments are expected to immediately address any budget overages by completing an A-117, A-118, and/or A-119 and obtaining Board approval as needed. If this report does not contain any data, then your expenses have not exceeded any of your budgets and no action is required.**