Tehama County Auditor's Office

BUDGET APPROPRIATION INCREASE REQUEST

		Audite	Auditor NumberB-5			
DEPARTMENT NAME	Treasury	Date:	September 23, 2025			
I am requesting an increa	se to my budget appropriations as li	sted below:				
Check one Funding Source	"Previous Year Revenue" Treasury Department Pool Fees - No gene		Revenue"			
***Note General Ful	nd and Public Safety "MUST" use	Contingency when inc	reasing budget			

Increase Revenue Budget			Increase Expenditure Budget				
FUND DEPT NO	ACCOUNT NUMBER	ACCOUNT NAME	AMOUNT	FUND DEPT NO	ACCOUNT NUMBER	ACCOUNT NAME	AMOUNT
1109 1022	59000 461060	Contingency Other Fees	\$ 4,000.00 \$ 4,000.00	1109 1022	59000 53290	Contingency Travel	\$ 4,000.00 \$ 4,000.00
		Total Journal	\$ 8,000,00	1		Total Journal	\$ 8,000.00

INCREASE / (DECREASE) APPROVED

SIGNATURE OF REQUESTING OFFICIAL DATE

SANDRA PALMER 9/23/2025

AUDITOR DATE

BOARD OF SUPERVISORS DATE

A-117