

Tehama County Auditor's Office  
**BUDGET APPROPRIATION INCREASE REQUEST**

Auditor Number B-86

DEPARTMENT NAME District Attorney Victim Services (BU2011)

Date: 6/10/2026

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

**Check one**  "Previous Year Revenue"  "New Revenue"  
 Funding Source Victim-Witness Grant

**\*\*\*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
2011 1109	450563 59000	State OCJP CALEMA Contingency	\$ 4,000.00 \$ 4,000.00	1109 2011	59000 53290	Contingency Travel Expenditures	\$ 4,000.00 \$ 4,000.00
Total Journal			\$ 8,000.00	Total Journal			\$ 8,000.00

INCREASE / (DECREASE) APPROVED

*Ana Zamacena*

6/10/2026

*Matthew D. P.*

SIGNATURE OF REQUESTING OFFICIAL 6/10/2026

AUDITOR \_\_\_\_\_ DATE \_\_\_\_\_

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