

**BUDGET APPROPRIATION INCREASE REQUEST**

B-7

Auditor Number \_\_\_\_\_

DEPARTMENT NAME CALAIM/JailDate: 9/24/2025

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 fund 581 for payment to HMA for services rendered through August 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	\$ 11,888.75	2002	59000	Contingency	\$ 11,888.75
2002	59000	Contingency	\$ 11,888.75	2032	53230	Professional/Special Services	\$ 11,888.75
Total Journal			\$ 23,777.50	Total Journal			\$ 23,777.50

TRANSFER APPROVED


 SIGNATURE OF REQUESTING OFFICIAL

9/23/25  
 DATE

Ana Zamacena  
 AUDITOR

9/24/2025  
 DATE

BOARD OF SUPERVISORS      DATE