

BUDGET APPROPRIATION INCREASE REQUESTDEPARTMENT NAME PROBATIONAuditor Number B-1Date: July 20, 2026

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

Check one ☒ "Previous Year Revenue" ☐ "New Revenue"Funding Source Fund 581- Cal-AIM PATH 3

***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
2036	4505724	Fund 581-CalAIM PATH 3	\$ 17,440.00	2002	59000	Contingency	\$ 17,440.00
2002	59000	Contingency	\$ 17,440.00	2036	53230	Professional Services	\$ 17,440.00
Total Journal			\$ 34,880.00	Total Journal			\$ 34,880.00

INCREASE / (DECREASE) APPROVED

Ana Zamacona 7/21/26

AUDITOR

DATE


 7-21-26
 SIGNATURE OF REQUESTING OFFICIAL DATE

BOARD OF SUPERVISORS DATE

HEALTH MANAGEMENT ASSOCIATES, INC.

INVOICE

2034 - 53230
#V000088
MA# 2024-378
PY 25/26

Tehama County Probation Department
Att. Finance
yruiz@tcprobation.org
omorales@tcprobation.org; contracts@tcprobation.org
Red Bluff, CA 96080

July 20, 2026
Invoice Number: 211996 - 0000035
Due Date: August 19, 2026

Current Invoice Total \$17,440.00

Project: 211996 Tehama County: Medi-Cal DHCS

Professional Services from June 01, 2026 to June 30, 2026

Task: Probation

Professional and Consulting Services Rendered:

	Hours	Rate	Fees
	6.50	400.00	2,600.00
	15.50	260.00	4,030.00
	7.00	440.00	3,080.00
	14.00	420.00	5,880.00
	10.00	185.00	1,850.00
Total Hours / Fees	53.00		17,440.00
Subtotal Fees			17,440.00
Current Invoice Total			\$17,440.00

HMA's preferred method of payment is via ACH:

Depository Account: Health Management Associates, Inc.
Routing Number
Account Number
Please send remittance notice to: accounting@healthmanagement.com

2501 WOODLAKE CIRCLE, SUITE 100, OKEMOS, MI 48864
TELEPHONE: (517) 482-9236 FAX: (517) 482-0920
EMAIL: ACCOUNTING@HEALTHMANAGEMENT.COM • FEDERAL ID # 38-2599727

WWW.HEALTHMANAGEMENT.COM