

BUDGET APPROPRIATION INCREASE REQUEST

Auditor Number B-44

DEPARTMENT NAME PROBATION

Date: February 11, 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	\$ 13,182.50	2002	59000	Contingency	\$ 13,182.50
2002	59000	Contingency	\$ 13,182.50	2036	53230	Professional Services	\$ 13,182.50
			Total Journal				Total Journal
			\$ 26,365.00				\$ 26,365.00

INCREASE / (DECREASE) APPROVED

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SIGNATURE OF REQUESTING OFFICIAL DATE

SANDRA PALMER 2/11/2026
AUDITOR DATE

BOARD OF SUPERVISORS DATE

HEALTH MANAGEMENT ASSOCIATES, INC.

INVOICE

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

February 11, 2026
Invoice Number: 211996 - 0000025
Due Date: March 13, 2026

Current Invoice Total \$13,182.50

Project: 211996 Tehama County: Medi-Cal DHCS

Professional Services from January 01, 2026 to January 31, 2026

Task: Probation

Professional and Consulting Services Rendered:

	Hours	Rate	Fees	
████████████████████	4.75	400.00	1,900.00	
██████████	.50	310.00	155.00	
██████████████	5.50	260.00	1,430.00	
██████████	11.50	440.00	5,060.00	
██████████	.25	420.00	105.00	
██████████████	24.50	185.00	4,532.50	
Total Hours / Fees	47.00		13,182.50	
Subtotal Fees				13,182.50
		Current Invoice Total		\$13,182.50

HMA's preferred method of payment is via ACH:

Bank of America
██
██
██

Please send remittance notice to: accounting@healthmanagement.com