Tehama County Auditor's Office

BUDGET APPROPRIATION INCREASE REQUEST

Auditor Number B-76

DEPARTMENT NAME **Senior Nutrition, Meals on Wheels**

Date: **May 12, 2026**

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

Check one [ ] **"Previous Year Revenue"** [X] **"New Revenue"**

Funding Source OAA Amendment-MOW

****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**
-5063	450727	Unanticipated Revenue Federal Title III	$ 14,852	-5063	53230	Professional & Special Svcs	$ 14,852
		Total Journal	**$ 14,852**			Total Journal	**$ 14,852**

From and To
$0.00

INCREASE / (DECREASE) APPROVED

D. Oglesby 5/12/26
SIGNATURE OF REQUESTING OFFICIAL DATE

SANDRA PALMER 5/20/2026
AUDITOR DATE

BOARD OF SUPERVISORS DATE

A-117
Jan-19