

BUDGET APPROPRIATION INCREASE REQUEST

Auditor Number B-45

DEPARTMENT NAME CALAIM/Jail

Date: 2/11/2026

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 January 2026.

***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	\$ 13,002.50	2002	59000	Contingency	\$ 13,002.50
2002	59000	Contingency	\$ 13,002.50	2032	53230	Professional/Special Services	\$ 13,002.50
Total Journal			\$ 26,005.00	Total Journal			\$ 26,005.00

TRANSFER APPROVED

 2.11.2026
SIGNATURE OF REQUESTING OFFICIAL DATE

SANDRA PALMER 2/11/2026
AUDITOR DATE

BOARD OF SUPERVISORS DATE