

Tehama County Auditor's Office
BUDGET APPROPRIATION TRANSFER REQUEST

B-64

DEPARTMENT NAME: ENVIRONMENTAL HEALTH

Auditor Number *04-04-2024*
 April 3, 2024

Due to a budget deficiency, or unanticipated expense, I am requesting a transfer, or an additional appropriation as listed below.

Budget Transfer From				Budget Transfer To			
FUND DEPT NO	ACCOUNT NUMBER	ACCOUNT NAME	AMOUNT	FUND DEPT NO	ACCOUNT NUMBER	ACCOUNT NAME	AMOUNT
4011	51010	Salary & Wages	\$ 76,000.00	4011	53230	Professional Services	\$ 76,000.00
Total Journal			\$ 76,000.00	Total Journal			\$ 76,000.00

TRANSFER APPROVED _____
 SIGNATURE OF REQUESTING OFFICIAL

AUDITOR _____
 DATE *04-04-2024*

BOARD OF SUPERVISORS DATE