Tehama County Auditor's Office

BUDGET APPROPRIATION INCREASE REQUEST

Auditor Number _____

DEPARTMENT NAME TCTC

Date: March 24, 2025

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

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

Funding Source LTF 1/4 Sales Tax - Fund 507

****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**
50710/50710	410081	LTF 1/4 Sales Tax	$ 85,899.90	527/3033	4712201	LTF Contribution	$ 85,899.90
		Total Journal	**$ 85,899.90**			Total Journal	**$ 85,899.90**

INCREASE / (DECREASE) APPROVED

_____
SIGNATURE OF REQUESTING OFFICIAL DATE

_____
AUDITOR DATE

_____
BOARD OF SUPERVISORS DATE

A-117
Jan-19