

**BUDGET APPROPRIATION INCREASE REQUEST**Auditor Number B-35DEPARTMENT NAME PROBATIONDate: January 13, 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	\$ 18,058.75	2002	59000	Contingency	\$ 18,058.75
2002	59000	Contingency	\$ 18,058.75	2036	53230	Professional Services	\$ 18,058.75
Total Journal			\$ 36,117.50	Total Journal			\$ 36,117.50

INCREASE / (DECREASE) APPROVED

SIGNATURE OF REQUESTING OFFICIAL

DATE

Ana Zamacona 1/15/2026

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

January 13, 2026

Invoice Number: 211996 - 0000023

Due Date: February 12, 2026

<b>Current Invoice Total</b>	<b>\$18,058.75</b>
------------------------------	--------------------

Project: 211996 Tehama County: Medi-Cal DHCS

**Professional Services from December 01, 2025 to December 31, 2025**

Task: Probation

**Professional and Consulting Services Rendered:**

	<b>Hours</b>	<b>Rate</b>	<b>Fees</b>
[REDACTED]	1.50	330.00	495.00
[REDACTED]	1.25	380.00	475.00
[REDACTED]	3.50	380.00	1,330.00
[REDACTED]	5.25	250.00	1,312.50
[REDACTED]	7.50	420.00	3,150.00
[REDACTED]	2.25	420.00	945.00
[REDACTED]	14.75	420.00	6,195.00
[REDACTED]	23.75	175.00	4,156.25
Total Hours / Fees	59.75		18,058.75
<b>Subtotal Fees</b>			<b>18,058.75</b>
<b>Current Invoice Total</b>			<b>\$18,058.75</b>

HMA's preferred method of payment is via ACH:

[REDACTED]