

BUDGET APPROPRIATION INCREASE REQUEST

DEPARTMENT NAME PROBATION

Auditor Number B-72

Date: May 18, 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	\$ 20,717.16	2002	59000	Contingency	\$ 20,717.16
2002	59000	Contingency	\$ 20,717.16	2036	53230	Professional Services	\$ 20,717.16
Total Journal			\$ 41,434.32	Total Journal			\$ 41,434.32

INCREASE / (DECREASE) APPROVED

 5-18-26
SIGNATURE OF REQUESTING OFFICIAL DATE

SANDRA PALMER 05/19/2026
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

May 18, 2026
 Invoice Number: 211996 - 0000031
 Due Date: June 17, 2026

Current Invoice Total \$20,717.16

Project: 211996 Tehama County: Medi-Cal DHCS

Professional Services from April 01, 2026 to April 30, 2026

Task: Probation

Professional and Consulting Services Rendered:

	Hours	Rate	Fees
██████████	4.25	400.00	1,700.00
██████████	10.00	260.00	2,600.00
██████████	16.50	440.00	7,260.00
██████████	12.75	420.00	5,355.00
██████████	14.25	185.00	2,636.25
Total Hours / Fees	57.75		19,551.25
Subtotal Fees			19,551.25

Task: Probation - Travel

Expenses for:

██████████	██████████	- SFO/SMF (split)	566.30
4/3/2026	██████████	- SFO (split)	193.00
4/7/2026	██████████	- SFO/MFR	188.90
4/15/2026	██████████	(split)	
4/16/2026	██████████	- SFO	217.71
Subtotal Expenses			1,165.91

Current Invoice Total \$20,717.16