Tehama County Auditor's Office

BUDGET APPROPRIATION INCREASE REQUEST

Auditor Number B-33

DEPARTMENT NAME PROBATION

Date: January 9, 2026

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

Check one [ ] **"Previous Year Revenue"** [X] **"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	$ 19,931.00	2002	59000	Contingency	$ 19,931.00
2002	59000	Contingency	$ 19,931.00	2036	~~57605~~ 53230	Professional Services	$ 19,931.00
		Total Journal	**$ 39,862.00**			Total Journal	**$ 39,862.00**

INCREASE / (DECREASE) APPROVED

P Gomez 1/9/26

SIGNATURE OF REQUESTING OFFICIAL DATE

Ana Zamacona 1/13/2026

AUDITOR DATE

BOARD OF SUPERVISORS DATE

A-117

Jan-19

HEALTH MANAGEMENT ASSOCIATES, INC.

INVOICE

Tehama County Probation Department
Att. Finance
PO Box 99
omorales@tcprobation.org
Red Bluff, CA 96080

December 23, 2025
Invoice Number: 211996 - 0000021
Due Date: January 22, 2026

Current Invoice Total $19,931.00

Project: 211996 Tehama County: Medi-Cal DHCS

Professional Services from November 01, 2025 to November 30, 2025

Task: Probation

Professional and Consulting Services Rendered:

	Hours	Rate	Fees	
[redacted]	5.75	330.00	1,897.50	
[redacted]	2.25	380.00	855.00	
[redacted]	12.50	380.00	4,750.00	
[redacted]	3.50	250.00	875.00	
[redacted]	.25	330.00	82.50	
[redacted]	14.00	420.00	5,880.00	
[redacted]	1.50	420.00	630.00	
[redacted]	4.25	420.00	1,785.00	
[redacted]	15.00	175.00	2,625.00	
Total Hours / Fees	59.00		19,380.00	
Subtotal Fees				**19,380.00**

Expenses for:

[redacted]

9/23/2025	[redacted]	avis	14.95	
Subtotal Expenses			**14.95**	**14.95**

Task: Probation - Travel

Expenses for:

[redacted]

9/12/2025	[redacted]	breakfast- Starbucks	7.75	

2501 WOODLAKE CIRCLE, SUITE 100, OKEMOS, MI 48864
TELEPHONE: (517) 482-9236 FAX: (517) 482-0920
EMAIL: ACCOUNTING@HEALTHMANAGEMENT.COM · FEDERAL ID # 38-2599727
WWW.HEALTHMANAGEMENT.COM

Project	211996	Tehama County: Medi-Cal DHCS	Invoice	0000021
9/12/2025	[redacted]	rental car- last minute need	477.06	
9/12/2025	[redacted]	lunch- Ladle and Leaf	51.24	
	Subtotal Expenses		**536.05**	**536.05**
		Current Invoice Total		**$19,931.00**

HMA's preferred method of payment is via ACH:

[redacted]
Depository Account: [redacted].
Routing Number: [redacted]
Account Number: 3[redacted]
Please send remittance notice to: accounting@healthmanagement.com

2501 Woodlake Circle, Suite 100, Okemos, MI 48864
Telephone: (517) 482-9236 Fax: (517) 482-0920
Email: accounting@healthmanagement.com · Federal ID # 38-2599727
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