Tehama County Auditor's Office

BUDGET APPROPRIATION INCREASE REQUEST

Auditor Number _____

DEPARTMENT NAME TCTC

Date: February 23, 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 _____

****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	410081	LTF 1/4 Sales Tax	$ 91,552.87	527-3033	4712201	LTF Contribution	$ 91,552.87
		Total Journal	**$ 91,552.87**			Total Journal	**$ 91,552.87**

INCREASE / (DECREASE) APPROVED

_____
SIGNATURE OF REQUESTING OFFICIAL DATE

_____
AUDITOR DATE

_____
BOARD OF SUPERVISORS DATE

A-117
Jan-19