Tehama County Auditor's Office

BUDGET APPROPRIATION INCREASE REQUEST

Auditor Number B-13

DEPARTMENT NAME CALAIM/Jail

Date: 10/16/2025

I am requesting an increase to my budget appropriates as listed below:

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

Funding Source CALAIM AB133 funds held in fund 581 for payment to HMA for services rendered through September 2025.

****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**
2032	4505723	CALAIM	$ 46,271.56	2002	59000	Contingency	$ 46,271.56
2002	59000	Contingency	$ 46,271.56	2032	53230	Professional/Special Services	$ 46,271.56
		Total Journal	**$ 92,543.12**			Total Journal	**$ 92,543.12**

TRANSFER APPROVED

10-16-25

SIGNATURE OF REQUESTING OFFICIAL DATE

SANDRA PALMER 10/16/2025

AUDITOR DATE

BOARD OF SUPERVISORS DATE

A-117
07/2018