

**BUDGET APPROPRIATION INCREASE REQUEST**

Auditor Number B-90

DEPARTMENT NAME PROBATION

Date: June 16, 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	\$ 34,090.62	2002	59000	Contingency	\$ 34,090.62
2002	59000	Contingency	\$ 34,090.62	2036	53230	Professional Services	\$ 34,090.62
Total Journal			<b>\$ 68,181.24</b>	Total Journal			<b>\$ 68,181.24</b>

INCREASE / (DECREASE) APPROVED

*James Wood* 6-17-26  
SIGNATURE OF REQUESTING OFFICIAL DATE

*Ana Zamacona* 6/17/2026  
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

June 16, 2026  
 Invoice Number: 211996 - 0000033  
 Due Date: July 16, 2026

<b>Current Invoice Total</b>	<b>\$34,090.62</b>
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Project: 211996 Tehama County: Medi-Cal DHCS

**Professional Services from May 01, 2026 to May 31, 2026**

Task: Probation

**Professional and Consulting Services Rendered:**

	Hours	Rate	Fees	
██████████	9.00	400.00	3,600.00	
██████████	15.75	260.00	4,095.00	
██████████	20.25	440.00	8,910.00	
██████████	15.00	420.00	6,300.00	
██████████	18.75	185.00	3,468.75	
Total Hours / Fees	78.75		26,373.75	
<b>Subtotal Fees</b>				<b>26,373.75</b>

**Expenses for:**

5/13/2026	██████████	hotel	393.47	
5/17/2026	██████████	coffee	17.24	
5/17/2026	██████████	meal	14.40	
5/10/2026	██████████	Breakfast at airport	14.98	
	<b>Subtotal Expenses</b>		<b>440.09</b>	<b>440.09</b>

Task: Probation - Travel

