Tehama County Auditor's Office

BUDGET APPROPRIATION INCREASE REQUEST

Auditor Number _____

DEPARTMENT NAME TCTC - TRAX

Date: March 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 507 Revenue - LTF

******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	55628	Cont. to TRAX	$ 260,000.00	527-3033	53230	Professional Special Services	$ 200,000.00
				527-3033	53290	Employee Travel/Training	$ 20,000.00
				117-3037	53170	Maintenance of Equipment	$ 40,000.00
		Total Journal	**$ 260,000.00**			Total Journal	**$ 260,000.00**

INCREASE / (DECREASE) APPROVED

_____
SIGNATURE OF REQUESTING OFFICIAL DATE

_____
AUDITOR DATE

_____
BOARD OF SUPERVISORS DATE

A-117
Jan-19