

COUNTY OF SANTA CLARA
REQUEST FOR APPROPRIATION MODIFICATION
FISCAL YEAR = 2009

For
Controller's
Office
Use
Only

Agency/Department Name: SCVMC

Line #	Description	Fund	Superior Fd Cntr	Cost Center	G.L. Account	Project Definition/ Employee Class	Amount (in Dollars)	
							Revenue	Expenditure
1	Salaries without Benefits	0060	0921	6852	5101000	P55		170,703.00
2	Salaries without Benefits	0060	0921	6852	5101000	Y41		199,934.00
3	Salaries without Benefits	0060	0921	6852	5101000	D2E		52,776.00
4	Operating Expense - Other	0060	0921	6852	5350300			19,688.00
5	Services & Supplies- Other	0060	0921	6852	5350400			36,667.00
6	Net Patient Revenue	0060	0921	6852	4723150		479,768.00	
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23	Transfer from trust fund (_____)							
24	Transfer from fund balance (Fund # _____)							
25	Others - Describe:							
26								
27	Total forwarded from other pages (Page 2 to 4)							

TOTAL							479,768.00	479,768.00
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Recognize new expenditure/revenue (ongoing)
 Recognize new expenditure/revenue (one-time)
 Re-appropriate prior year unspent expenditures (one-time)
 Others
Brief Description: Mental Health Dept/Santa Clara Valley Medical Ctr Integrated Outpatient Service

SAP Document numbers		Prepared By :	
FM _____		Name (print): Martha Paine	
Entered to SAP by: _____		Telephone: 885-6860	
Date entered : _____		Clerk of the Board	
Transmittal # 165		Approved by the Board of Supervisors	
		Clerk of the Board By: _____ Date _____	