

Agency/Department Name: Community Health Services & VMC

Line #	Description	Fund	Superior Fd Cntr	Cost Center	G.L. Account	Project Definition/ Employee Class	Amount (in Dollars)	
							Revenue	Expenditure
1	Grant Revenue	0060	0921	6852	4727100		51,716.00	
2	Permanent Salaries	0060	0921	6852	5101000	S75		51,716.00
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23	Transfer from trust fund (Fund # _____)							
24	Transfer from fund balance (Fund # _____)							
25	Others - Describe:							
26								
27	Total forwarded from other pages (Page ___ to ___)						-	-

TOTAL		51,716.00	51,716.00
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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: Increases revenue and expense for Ryan Residency Program VMC Foundation grant until expiration.

SAP Document numbers	Prepared By :
FM _____	Name (print): Hope Ryan
Entered to SAP by: _____	Telephone: 885-6809
Date entered : _____	Clerk of the Board
Transmittal # 145	Approved by the Board of Supervisors
	Clerk of the Board By: _____ Date _____

(Forward original to The Controller-Treasurer Department)



Page 2 of 2		COUNTY OF SANTA CLARA					F - 85		
		REQUEST FOR APPROPRIATION MODIFICATION					Transmittal #:		
		FISCAL YEAR = 2008							
Agency/Department Name: Community Health Services									
Line #	Description	Fund	Superior Fd Cntr	Cost Center	G.L. Account	Project Definition/ Employee Class	Amount (in Dollars)		
							Revenue	Expenditure	
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68	Page Total - Enter here and on Page 1, Line 20							0.00	0.00

For Controller's Office Use Only

(Forward original to The Controller-Treasurer Department)



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Agency/Department Name:	
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Line #	Description	Fund	Superior Fd Cntr	Cost Center	G.L. Account	Project Definition/ Employee Class	Amount (in Dollars)	
							Revenue	Expenditure
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109	Page Total - Enter here and on Page 1, Line 20						0.00	0.00