

(Forward original to The Controller-Treasurer Department)

COUNTY OF SANTA CLARA

F - 85

Page 2 of _____

REQUEST FOR APPROPRIATION MODIFICATION

FISCAL YEAR = _____

Transmittal #: _____

For
Controller's
Office
Use
Only

Agency/Department Name: _____

Line #	Description	Fund	Superior Fd Cntr	Cost Center	G.L. Account	Project Definition/ Employee Class	Amount (in Dollars)		
							Revenue	Expenditure	
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