

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

For  
 Controller's  
 Office  
 Use  
 Only

Agency/Department Name: Public Health

Line #	Description	Fund	Superior Fd Cntr	Cost Center	G.L. Account	Project Definition/ Employee Class	Amount (in Dollars)	
							Revenue	Expenditure
1	Federal - Other Grants	0001	0410	2824	4580200		(150,000.00)	
2	Office Expense	0001	0410	2824	5250100			(26,782.00)
3	Workshops, Conf & Seminars	0001	0410	2824	5251000			(2,250.00)
4	Contracts	0001	0410	2824	5255500			(86,078.00)
5	Med Suppl-Non Medical	0001	0410	2824	5280800			(32,962.00)
6	Business Travel	0001	0410	2824	5285800			(4,346.00)
7	Operating Expense - Other	0001	0410	2824	5350300			2,418.00
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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 2)						-	-

**TOTAL** (150,000.00) (150,000.00)

Recognize new expenditure/revenue (ongoing)  
 Recognize new expenditure/revenue (one-time)  
 Re-appropriate prior year unspent expenditures (one-time)  
 Others  
**Brief Description:** Decreased funding in Public Health's NACCHO program

<b>SAP Document numbers</b>	<b>Prepared By :</b>
FM _____	Name (print): <b>Tuan Nguyen</b>
Entered to SAP by: _____	Telephone: <b>885-3884</b>
Date entered : _____	<b>Clerk of the Board</b>
<b>Transmittal # 112</b>	Approved by the Board of Supervisors
BU410T010	Clerk of the Board By: _____ Date _____

(Forward original to The Controller-Treasurer Department)

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Agency/Department Name:									For Controller's Office Use Only	
Line #	Description	Fund	Superior Fd Cntr	Cost Center	G.L. Account	Project Definition/ Employee Class	Amount (in Dollars)			
							Revenue	Expenditure		
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