

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

**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	T-Project CFP Related Payments	0001	0263	2500	5851000	T263PMFCFP		(479,000.00)	
2	Transfers Out	0001	0263	2500	5610100			479,000.00	
3	Transfers In	0050	0263	2516	4920100		479,000.00		
4	Capital Project Svc & Supp -CP Hold	0050	0263	2516	5530200	263-CPHOLD-Budget		(21,000.00)	
5	Capital Project Svc & Supp -SJ Medical Clini	0050	0263	2516	5530200	263-CP09018-Budget		500,000.00	
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23	Transfer from trust fund (Fund # _____)								
24	Transfer from fund balance (Fund # _____)								
25	Others - Describe:								
26									
27	Total forwarded from other pages (Page ____ to ____)							-	-

<b>TOTAL</b>	<b>479,000.00</b>	<b>479,000.00</b>
--------------	-------------------	-------------------

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 to transfer Capital funds related to the planning of a downtown clinic.**

<b>SAP Document numbers</b>	<b>Prepared By :</b>
FM _____	Name (print): Hope Ryan
Entered to SAP by: _____	Telephone: <b>885-6809</b>
Date entered : _____	<b>Clerk of the Board</b>
<b>Transmittal # 191</b>	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	
28									
29									
30									
31									
32									
33									
34									
35									
36									
37									
38									
39									
40									
41									
42									
43									
44									
45									
46									
47									
48									
49									
50									
51									
52									
53									
54									
55									
56									
57									
58									
59									
60									
61									
62									
63									
64									
65									
66									
67									
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)



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
69								
70								
71								
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								
85								
86								
87								
88								
89								
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
101								
102								
103								
104								
105								
106								
107								
108								
109	Page Total - Enter here and on Page 1, Line 20						0.00	0.00