

COUNTY OF SANTA CLARA
 REQUEST FOR APPROPRIATION MODIFICATION
 FISCAL YEAR = 2010

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	State - Dept of Health	0001	0410	2913	4407200		(60,000.00)	
2	State - Misc Reimbursements	0001	0410	2913	4422550		(12,768.00)	
3	Laboratory Professional Fees	0001	0410	2913	5256500			(8,400.00)
4	Equipment - Other	0001	0410	2913	5265100			(722.00)
5	Audio Visual Aids	0001	0410	2913	5282300			(815.00)
6	Business Travel	0001	0410	2913	5285800			(7,500.00)
7	Direct Expenses - Other	0001	0410	2913	5350500			(10,368.00)
8	Office Expense	0001	0410	2960	5250100			(1,950.00)
9	Mileage	0001	0410	2960	5285300			(7,000.00)
10	Business Travel	0001	0410	2960	5285800			(2,000.00)
11	Direct Expenses - Other	0001	0410	2960	5350500			(20,994.00)
12	Office Expense	0001	0410	2980	5250100			(13,019.00)
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 2)							

TOTAL (72,768.00) (72,768.00)

- Recognize new expenditure/revenue (ongoing)
 - Recognize new expenditure/revenue (one-time)
 - Re-appropriate prior year unspent expenditures (one-time)
 - Others
- Brief Description: Reduced funding in programs relating to STD prevention and control services

SAP Document numbers		Prepared By :	
FM _____		Name (print): Tuan Nguyen	
Entered to SAP by: _____		Telephone: 885-3884	
Date entered : _____			
Transmittal # 045		Clerk of the Board	
BU410T0004		Approved by the Board of Supervisors	
		Clerk of the Board By: _____ Date _____	