

(Forward original to The Controller-Treasurer Department)

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 - Other Grants	0001	0410	2827	4422300		64,825.00		
2	Salaries without Benefits	0001	0410	2827	5102000			40,114.00	
3	Operating Expense - Other	0001	0410	2827	5350300			24,711.00	
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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)								

<b>TOTAL</b>	<b>64,825.00</b>	<b>64,825.00</b>
<input type="checkbox"/> Recognize new expenditure/revenue (ongoing) <input checked="" type="checkbox"/> Recognize new expenditure/revenue (one-time) <input type="checkbox"/> Re-appropriate prior year unspent expenditures (one-time) <input type="checkbox"/> Others Brief Description: Onetime increased funding from First 5 for services relating to Public Health Nursing Home Visitation program		

<b>SAP Document numbers</b>  FM _____  Entered to SAP by: _____ Date entered : _____	<b>Prepared By :</b> Name (print): <b>Tuan Nguyen</b> Telephone: <b>885-3884</b>  <b>Clerk of the Board</b> Approved by the Board of Supervisors  Clerk of the Board By: _____ Date _____
<b>Transmittal # 049</b>  BU410T005	

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Page 2 of 2		COUNTY OF SANTA CLARA REQUEST FOR APPROPRIATION MODIFICATION FISCAL YEAR = 2009					Transmittal #: _____		F - 85	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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68	Page Total - Enter here and on Page 1, Line 20							0.00	0.00	