

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	Other Grants & Aids	0001	0410	2918	4580100		80,784.00	
2	Salaries without Benefits	0001	0410	2918	5102000			124,432.00
3	Budget Salary Reduction	0001	0410	2918	5107100			(138,816.00)
4	Medical Dental & Lab	0001	0410	2918	5240100			(94,937.00)
5	Office Expense	0001	0410	2918	5250100			(14,416.00)
6	Education Materials	0001	0410	2918	5250600			(2,232.00)
7	Printing - External	0001	0410	2918	5250700			(9,742.00)
8	Remb - Prof & Spec Svcs	0001	0410	2918	5440200			62,210.00
9	Revenue from Other Gvt	0001	0410	2998	4600100		(395,804.00)	
10	Salaries without Benefits	0001	0410	2998	5102000			(87,209.00)
11	Budget Salary Reduction	0001	0410	2998	5107100			(64,264.00)
12	Office Expense	0001	0410	2998	5250100			(17,168.00)
13	Printing - External	0001	0410	2998	5250700			(1,000.00)
14	Prof & Specialized Svc	0001	0410	2998	5255100			(4,257.00)
15	Prof Svc - Internal	0001	0410	2998	5258200			(62,210.00)
16	Business Travel	0001	0410	2998	5285800			(4,000.00)
17	Svc & Supplies - Other	0001	0410	2998	5350400			(1,411.00)
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 (315,020.00) (315,020.00)

- 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 Public Health's Immunization program

SAP Document numbers		Prepared By :	
FM _____		Name (print): Tuan Nguyen	
Entered to SAP by: _____		Telephone: 885-3884	
Date entered : _____			
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BU410T009		Approved by the Board of Supervisors	
		Clerk of the Board By: _____ Date _____	