

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	Grant Revenue	0060	0921	6852	4727100		262,500.00		
2	Professional Services	0060	0921	6852	5257350			75,000.00	
3	Temporary Help	0060	0921	6852	5101100			187,500.00	
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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 ___ to ___)							-	-

<b>TOTAL</b>							<b>262,500.00</b>	<b>262,500.00</b>
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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 for Health Center Cluster relating to Oral Health and Case Management.

<b>SAP Document numbers</b>	<b>Prepared By :</b>
FM _____	Name (print): Hope Ryan
Entered to SAP by: _____	Telephone: 885-6809
Date entered : _____	<b>Clerk of the Board</b>
<b>Transmittal # 061</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	
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68	Page Total - Enter here and on Page 1, Line 20							0.00	0.00

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COUNTY OF SANTA CLARA F - 85  
 REQUEST FOR APPROPRIATION MODIFICATION  
 FISCAL YEAR = 2008 Transmittal #:

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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