

County Of Santa Clara
Request For Appropriation Modification
Fiscal Year = 2024

F - 85 # **190**

Line	Fund	Budget Unit	Cost Center	CI	Description	Job Code	Funded Program	CMB Revenues	CMB Expenditures
1	0001	0102	1102	5101000	Permanent Employees				(30,000.00)
2	0001	0102	1102	5250100	Office Expense				15,000.00
3	0001	0102	1102	5255100	Professional and Specialized Services				15,000.00
0001					Transfer (From) To Fund Balance:				0.00
					Grand Total:			0.00	0.00

Form ID# Included:

40184,