WEBB COUNTY REQUEST FOR BUDGET APPROPRIATION TRANSFER OR SUPPLEMENTAL BUDGET

be granted, the Department v	vill be notified and Auditor Auditor's Office sponsore	's Office will upload the ed by the Department rec	this request for our review. Si signed form as part of the prop questing the budget amendmen	osed age t.
Requesting Department :	Community Action Agency	<u>y</u>	Date of Request: 05/17/2018	
Request Type (oheck one): Departmental Line (Check if transfer within			Supplemental Budget (Chack If new unbudgeted revenue) exp	enditure)
Transfer From / Supplement			ccount Name	Amo
	nt Number		ccount Name	\$20,9
2362-5360-521-463804		Utility Assitance	<i>,</i>	Ψ2.0,0
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······			TOTAL	\$20,9
			,0,,,,	
Transfer To Supplemental	Expenditure Accounts:		40 (1975) . (0.474-1995) 3.4699	
Account Number		Account Name		Am
2362-5360-521-463802		Household Crisis		\$20,9
				
	 			
				620
			TOTAL	\$20,
	•			
Justification for Request:				
	e more utility assistance.	<u> </u>		_
Justification for Request:	e more utility assistance.		-20-	
Line Item Transfer to provide				ngweda.
Line Item Transfer to provide	gning Authority:			
Line Item Transfer to provide	gning Authority:		A De la Companya (Companya Companya Com	
Line Item Transfer to provide	gning Authority: ecutive Director		Company of Signature	
Line Item Transfer to provide Approved by Department Sig Javier Ramirez/Exe	uning Authority: ecutive Director			
Line Item Transfer to provide Approved by Department 916 Javier Ramirez/Exe	uning Authority: ecutive Director	R AUDITOR'S USE ONLY		
Approved by Department Sig Javier Ramirez/Exe Print Name/	uning Authority: ecutive Director	R AUDITOR'S USE ONLY		د) ء
Line Item Transfer to provide Approved by Department 916 Javier Ramirez/Exe	uning Authority: ecutive Director	R AUDITOR'S USE ONLY		دراع
Approved by Department Signary County Approved by Department Signary County Auditor's Office:	gring Authority: ecutive Director array FO FO FO FO FO FO FO FO FO F	rena	Date:	8 (V)
Approved by Department Signary County Approved by Department Signary County Auditor's Office:	gring Authority: ecutive Director array FO FO FO FO FO FO FO FO FO F	rena	Date: 5 _	
Approved by Department Sig Javier Ramirez/Exe Print Name Recommended by County Auditor's Office:	gring Authority: ecutive Director rrue FOR 6	rena	Date: Stu	813
Approved by Department Signary County Approved by Department Signary County Auditor's Office:	gring Authority: ecutive Director rrue FOR 6	rena	Date: 5 _	

Form BA 01 - April 2018