

INSTRUCTIONS:
ALL budget appropriation transfer and supplemental budget requests for grants and forfeitures require Auditor's Office preapproval for court agenda. Please submit the signed form to the Auditor's Office for review along with copy of grant award, terms of award, proof of receipt of additional revenue and/or other backup to support this request for our review. Should pre-approval be granted, the Department will be notified and Auditor's Office will upload the signed form as part of the proposed agenda item. Agenda items will be between Auditor's Office sponsored by the Department requesting the budget amendment.

Account Number	Request Type (check one):			
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FORM BA 01 - April 2011

Administration Expense \$8,45: Transfer To / Supplemental Expenditure Accounts:	NSTRUCTIONS:	al hudget requests for grants and forfeitures require Au	ıditor's Office pre-
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2362-5360-521-425000 Unamployment Tax \$42 2362-5360-521-426000 Worker Compensation \$45 TOTAL \$8,45 Justification for Request: Line Item transfer to cover payroll deficits from administration expense. Approved by Department Signing Authority: Javier Ramirez/Executive Director Print NamerTibs FOR AUDITOR'S USE ONLY Aganda Item: Line Item Start Approval Date: Print NamerTibs FOR BUDGET OFFICE USE ONLY Aganda Item: Line Item Image Item: Line Item Image Image Item Image I			\$735.62
2362-5360-521-426000 Worker Compensation \$45 2362-5360-521-426000 Worker Compensation \$45 TOTAL \$8,45 Justification for Request: Line Item transfer to cover payroll deficits from administration expense. Approved by Department Signing Authority: Javier Ramirez/Executive Director Print Name/Tibe FOR AUDITOR'S USE ONLY Adjunction Adjunction States Office: POR BUDGET OFFICE USE ONLY Aganda ttem: Delting:			\$42.56
TOTAL \$8,45 Justification for Request: Line Item transfer to cover payroll deficits from administration expense. Approved by Department Signing Authority; Javier Ramirez/Executive Director Print Namer Tible FOR AUDITOR'S USE ONLY Aganda Item: Letting: Date: Blanda Letting: Detailed: D			\$45.04
Line Item transfer to cover payroll deficits from administration expense. Approved by Department Signing Authority: Javier Ramirez/Executive Director Pide Name/Tibs FOR AUDITOR'S USE ONLY Auditor's Office: Date: \$14 \text{ Name Tibs } FOR BUDGET OFFICE USE ONLY Aganda ttem: Delting:	2362-5360-521-426000	Worker Compensation	-
Line Item transfer to cover payroll deficits from administration expense. Approved by Department Signing Authority: Javier Ramirez/Executive Director Fini Name/Tibs FOR AUDITOR'S USE ONLY Adjunction of the country of the count			
Line Item transfer to cover payroll deficits from administration expense. Approved by Department Signing Authority: Javier Ramirez/Executive Director Pide Name/Tibs FOR AUDITOR'S USE ONLY Auditor's Office: Date: \$14 \text{ Name Tibs } FOR BUDGET OFFICE USE ONLY Aganda ttem: Delting:			\$8,455.84
Approved by Department Signing Authority: Javier Ramirez/Executive Director Fini Name/Tibs FOR AUDITOR'S USE ONLY Auditor's Office: Date: \$14 \lambda FOR BUDGET OFFICE USE ONLY Aganda Item: Delting:		TOTAL	\$6,455.04
Approved by Department Signing Authority; Javier Ramirez/Executive Director Print Name/Tibs FOR AUDITOR'S USE ONLY Aganda Item: Deltigle:	Justification for Request:		
Approved by Department Signing Authority: Javier Ramirez/Executive Director Print Named Tible FOR AUDITOR'S USE ONLY Adjunds FOR BUDGET OFFICE USE ONLY Aganda Item: Detries Approved by County Aganda Item: Detries Detries Aganda Item:	Line Item transfer to cover payroll deficits from adm	ninistration expense.	~
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Recommended by County Auditor's Office: Date: \$\\ \B\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Print Name/188		
Recommended by County Auditor's Office: Date: \$\\ \B\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		FOR AUDITOR'S USE ONLY	
Commissioners Court Approval Date:	Recommended by County		3 18
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Commissioners Court Approval Date:	[1] 表示中的方式或形式的中共1997年1997年199 50	R BUDGET OFFICE USE ONLY	a di Sette di Pilitani
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Date Entered by Budget Office:	Date Entered by Budget Office:	Hillian.	

Form BA 01 - April 2018

NSTRUCTIONS:	al budget requests for grants and forfeitures require Au	ditor's Office pre-
announced for court agenda. Please submit the signed f	form to the Auditor's Office for review along with copy of g	rant award, terms
of award proof of receipt of additional revenue andic	or other backup to support this request for our review. St	iculd pre-approval
oe granted, the Department will be notified and Audit	tor's Office will upload the signed form as part of the prop	osed agenda item.
Agenda Items will be between Auditor's Office sponso	ored by the Department requesting the budget amendmen	L Marija ja ja jaja
Requesting Department: Community Action Age		erre error og er
CEAL		
Request Type (check one):	<u></u>	
Departmental Line Item Transfer (Oheck if transfer within existing budget)	Supplemental Budget (Check if new unbudgeted revenue / exp	
Transfer From / Supplemental Revenue; Account Number	Account Name	Amount
	Utility Assitance	\$20,928.41
2362-5360-521-463804	Utility Assitance	Ψεν,υεν. - 1
		<u> </u>
	TOTAL	\$20,928.41
	•	
Transfer To / Supplemental Expenditure Accounts		173 Seking Subesta
Account Number	Account Name	Amount
2362-5360-521-463802	Household Crisis	\$20,928.41
<u> </u>		
		#3D 038 44
	TOTAL	\$20,928.41
Justification for Request:		
Line Item Transfer to provide more utility assistance).	<u> </u>
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		April 1971 Section 1
Approved by Department Signing Authority: Javier Ramirez/Executive Director	MANUAR)	er i tra i
	Har Want Signature	
Javier Ramirez/Executive Director		
Javier Ramirez/Executive Director	OR AUDITOR'S USE ONLY	813
Javier Ramirez/Executive Director Print Name/Title Recommended by County Auditor's Office:	OR AUDITOR'S USE ONLY Date: St	813
Javier Ramirez/Executive Director Print Name/Tible Recommended by County Auditor's Office: FOR	Date: SIC	
Javier Ramirez/Executive Director Print Name/Title Recommended by County Auditor's Office:	Date:	
Javier Ramirez/Executive Director Print Name/Tible Recommended by County Auditor's Office: FOR	Date: SIC	

Form BA 01 - April 2018

NSTRUCTIONS:		
ALL budget appropriation transfer and supplemental	budget requests for grants and forfeitures require Au	actor's Unice pre-
approval for court agenda. Please submit the signed for	orm to the Auditor's Office for review along with copy of g	ould pre-approved
of award, proof of receipt of additional revenue and/or	r other backup to support this request for our review. Sh or's Office will upload the signed form as part of the propo	sed agenda item.
be granted, the Department will be notified and Audito Agenda Items will be between Auditor's Office sponsor	or's Office will upload the signed form as part of the properties	Name de l'oderre et victorier
Requesting Department: Community Action Agen	cy Date of Request: 05/17/2018	
Request Type (check one): CEAP		
Departmental Line Item Transfer (Check if transfer within existing budget)	Supplemental Budget (Cheok if new unbudgeted revenue / expe	inditure)
Transfer From / Supplemental Revenue:	Account Name	Amount
Account Number		\$8,455,84
2362-5360-521-431002	Administration Expense	
		\$8,455.84
n comme y la reconstruica de magne entrenga que la constitución de la	TOTAL L	φυ ₁ τυσ.στ
Transfer To / Supplemental Expenditure Accounts: Account Number	Account Name	Amount
2362-5360-521-410000	Payroll	\$6,192.81
2362-5360-521-421000	Life Insurance	\$989,99
2362-5360-521-42200	Fica	\$449.82
2362-5360-521-423000	Retirement	\$735.62
	Unemployment Tax	\$42.56
2362-5360-521-425000	Worker Compensation	\$45.04
2362-5360-521-426000	voiner compensation	
	TOTAL	\$8,455.84
Justification for Request:		
Line Item transfer to cover payroll deficits from admi	inistration expense.	7
Approved by Department Signing Authority:		/
Javier Ramirez/Executive Director	Signature	<u></u>
Recommended by County Auditor's Office:	ORAUDITOR'S USE ONLY Date:	<u>&(v</u> 8
FOR	Agenda	H. SWE START
Commissioners Court Approvat Date:	Item:	
Date Entered by Budget Office:	Initials:	·

Form BA 01 - April 2018



Date Entered by Budget Office:

WEBB COUNTY REQUEST FOR BUDGET APPROPRIATION TRANSFER OR SUPPLEMENTAL BUDGET

ALL budget appropriation transfer and supplemental budget requests for grants and forfeitures require Auditor's Office preapproval for court agenda. Please submit the signed form to the Auditor's Office for review along with copy of grant award, terms of award, proof of receipt of additional revenue and/or other backup to support this request for our review. Should pre-approval be granted, the Department will be notified and Auditor's Office will upload the signed form as part of the proposed agenda item. Agenda items will be between Auditor's Office sponsored by the Department requesting the budget amendment. Date of Request: 05/17/2018 2661 - C.A.A. El Aguila Requesting Department: Request Type (check one): Supplemental Budget **Departmental Line Item Transfer** (Check if new unbudgeted revenue / expenditure) (Check if transfer within existing budget) Transfer From / Supplemental Revenue: **Amount Account Name Account Number** Administrative Travel \$296.00 2661-7100-521-458000 \$681.00 Minor Tools and Apparatus 2661-7100-521-460105 \$977.00 TOTAL Transfer To / Supplemental Expenditure Accounts: **Account Name Amount Account Number** \$609.00 Equipment Rental 2661-7100-521-444500 Postage and Courier Service \$368.00 2661-7100-521-456005 \$977.00 TOTAL Justification for Request: Proposed line item transfers will adjust negative balances Approved by Department Signing Authority: Marissa D. Arce / Senior Program Assistant Print Name/Title FOR AUDITOR'S USE ONLY Recommended by County Date: Auditor's Office: FOR BUDGET OFFICE USE ONLY Agenda Item: Commissioners Court Approval Date:

Initials:

Requesting Department : Head Star	t Date of Request: 05/18/20	018
Request Type (check one):		
Departmental Line Item Transi (Check if transfer within existing budge	fer Supplemental Budget et) Supplemental Budget (Check if new unbudgeted revenue /	expenditure)
Transfer From / Supplemental Revenue:		
Account Number	Account Name	Amount
2303-5150-531-423000	Retirement	\$1,000.00
2357-5200-531-422000	FICA	\$6,000.00
2357-5200-531-425000	Unemployment	\$2,000.00
	TOTAL	\$9,000.00
Transfer To / Supplemental Expenditure	Accounts:	
Account Number	Account Name	Amount
2303-5150-531-421000	Health Insurance	\$1,000.00
2357-5200-531-426000	Workers Compensation	\$8,000.00
		_
	TOTAL	\$9,000.00
Justification for Request:		
Approved by Department Signing Authority		
Aliza F Oliveros Director	Letin Link	to a. C
Print Name/Title	Signature	8-1
	FOR AUDITOR'S USE ONLY	
Recommended by County Auditor's Office:	os Bueyra Date: 518	lig
	FOR BUDGET OFFICE USE ONLY	
Commissioners Court Approval Date:	Agenda Item :	
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approval for court agenda. Please submit the signed form to the Auditor's Office for review along with copy of grant award, terms of award, proof of receipt of additional revenue and/or other backup to support this request for our review. Should pre-approval be granted, the Department will be notified and Auditor's Office will upload the signed form as part of the proposed agenda item.