

Commissioners Court Approval Date: Date Entered by Budget Office:

WEBB COUNTY REQUEST FOR BUDGET APPROPRIATION TRANSFER OR SUPPLEMENTAL BUDGET

	tor's Office will upload the signed form as part of the prored by the Department requesting the budget amendm ———————————————————————————————————	
Request Type (check one): Departmental Line Item Transfer (Check if transfer within existing budget)	Supplemental Budget (Check if new unbudgeted revenue /	expenditure)
Fransfer From / Supplemental Revenue:		
Account Number	Account Name	Amount
2202-259700	Fund Balance	4, 449, 60
		-
Fransfer To / Supplemental Expenditure Accounts: Account Number 2202— 3170—001— 457000	Account Name Law Enforcement Other	\$0.00 Amount 7 4,449.60
2202-3170-001-457000	Account Name Law Enforcement Othe TOTAL	
Account Number 2202-3170-001-457000 Justification for Request: Funds Will b FRE for 675 (Forfeitur	Account Name Law Fn forcement Other	

Initials: