



**WEBB COUNTY
REQUEST FOR BUDGET APPROPRIATION TRANSFER
OR SUPPLEMENTAL BUDGET**

INSTRUCTIONS:

ALL budget appropriation transfer and supplemental budget requests for grants and forfeitures require Auditor's Office pre-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. Agenda items will be between Auditor's Office sponsored by the Department requesting the budget amendment.

Requesting Department : 5050 - Child Welfare

Date of Request: 06/28/2018

Request Type (check one):

Departmental Line Item Transfer
(Check if transfer within existing budget)

Supplemental Budget
(Check if new unbudgeted revenue / expenditure)

Transfer From / Supplemental Revenue:

| Account Number | Account Name | Amount |
|----------------------|--------------------|-------------------|
| 2909-5050-001-456325 | Clothing Allowance | \$2,000.00 |
| 2909-5050-001-459008 | Foster Care | \$320.00 |
| | | |
| | | |
| | | |
| | | |
| TOTAL | | \$2,320.00 |

Transfer To / Supplemental Expenditure Accounts:

| Account Number | Account Name | Amount |
|--------------------------|------------------------------------|-------------------|
| 2909-5050-001-454000-030 | Advertising Awareness & Activities | \$2,290.00 |
| 2909-5050-001-432083 | Medical/Dental Exams | \$30.00 |
| | | |
| | | |
| | | |
| | | |
| TOTAL | | \$2,320.00 |

Justification for Request:

Line item transfer will allow to cover expenditures that need to be reclassified.

Approved by Department Signing Authority:

Melissa L Mojica
Print Name/Title

[Signature]
Signature

FOR AUDITOR'S USE ONLY

Recommended by County Auditor's Office: Ubaldo Duenas Date: 06/28/2018

FOR BUDGET OFFICE USE ONLY

Commissioners Court Approval Date: _____ Agenda Item : _____
Date Entered by Budget Office: _____ Initials: _____