

**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 : Head Start Date of Request: 08/28/2018

**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
2367-5200-531-461000	materials & supplies	\$1,000.00
2367-5200-531-443000-020	building maintenance	\$994.00
2367-5200-531-441001	telephone	\$2,539.00
2367-5200-531-459013	parent activities	\$500.00
2367-5200-531-460024	Medical/dental supplies	\$168.00
2367-5200-531-460025	kitchen supplies	\$227.00
2367-5200-531-462605	fuel & lube	\$951.00
2367-5200-531-458060	in town mileage	\$2,565.00
2367-5200-531-463040	non food	\$556.00
<b>TOTAL</b>		<b>\$9,500.00</b>

**Transfer To / Supplemental Expenditure Accounts:**

Account Number	Account Name	Amount
2367-5200-531-463810	CCS Copays	\$9,500.00
<b>TOTAL</b>		<b>\$9,500.00</b>

Justification for Request:

**Approved by Department Signing Authority:**

Aliza F Oliveros Director

Print Name/Title

*Aliza F Oliveros*  
Signature

Recommended by County Auditor's Office:

*Chitrie M. Garsely*

**FOR AUDITOR'S USE ONLY**

Date: 8/28/18

**FOR BUDGET OFFICE USE ONLY**

Commissioners Court Approval Date: \_\_\_\_\_

Agenda Item : \_\_\_\_\_

Date Entered by Budget Office: \_\_\_\_\_

Initials: \_\_\_\_\_

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**Supplemental Budget**  
 (Check if new unbudgeted revenue / expenditure)

Account Number	Account Name	Amount
<u>5150</u> 2367-5200-531-410000	Payroll	\$22,000.00
2367-5200-531-410000	Payroll	\$9,000.00
<u>5150</u>		
	<b>TOTAL</b>	<b>\$31,000.00</b>

Account Number	Account Name	Amount
2367-5200-531-457008-030	Contractual Aura	\$22,000.00
2367-5200-531-457008-005	Contractual Reginas	\$9,000.00
	<b>TOTAL</b>	<b>\$31,000.00</b>

**Justification for Request:**

\_\_\_\_\_

\_\_\_\_\_

**Approved by Department Signing Authority:**

Aliza F Oliveros Director  
Print Name/Title

*Aliza Oliveros*  
Signature

FOR AUDITOR'S USE ONLY	
Recommended by County Auditor's Office: <u>Chitish M Gansley</u>	Date: <u>8/28/2018</u>

FOR BUDGET OFFICE USE ONLY	
Commissioners Court Approval Date: _____	Agenda Item : _____
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