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 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.

10 Table 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date of Request: 08/14/2018	
Request Type (check one):		
Departmental Line Item Transfer (Check if transfer within existing budget)	Supplemental Budget (Check if new unbudgeted revenue / expr	enditure)
Transfer From / Supplemental Revenue;	. No contraction of the second se	and the season of the
Account Number	Account Name	Amount
2357-5200-531-410000	Payroll	\$40,000.00
2357-5200-531-410000	Payroll	\$27,000.00
	TOTAL	\$67,000.00
Transfer To / Supplemental Expenditure Accounts:		
Account Number	Account Name	Amount
2357-5200-531-443000-020	Bldg Maintenance	\$40,000.00
2357-5200-531-460105	Minor Tools & Apparatus	\$27,000.00
Justification for Request:	TOTAL [\$67,000.00
Approved by Department Signing Authority: Aliza F Oliveros Director Print Name/Title	TOTAL L	\$67,000.00
Approved by Department Signing Authority: Aliza F Oliveros Director Print Name/Title	aliza. C	\$67,000.00
Approved by Department Signing Authority: Aliza F Oliveros Director Print Name/Title Recommended by County Auditor's Office:	DR AUDITOR'S USE ONLY Date: 8/17/	\$67,000.00
Approved by Department Signing Authority: Aliza F Oliveros Director Print Name/Title Recommended by County Auditor's Office:	DR AUDITOR'S USE ONLY Date: 8/17/	\$67,000.00

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Supplemental Line Item Transfer Cheek if Iransfer viltin existing budget) Supplemental Budget Cheek if Iransfer viltin existing budget)	Requesting Department : Head Start	sting Department : Head Start Date of Request: 08/14/2018				
Supplemental Line Item Transfer Cheek if Iransfer viltin existing budget) Supplemental Budget Cheek if Iransfer viltin existing budget)	Request Type (check one):					
Check if transfer within existing budget)						
2357-5230-531-458000 Administrative travel \$7,000.0 2367-5230-531-456201 College tuition \$7,000.0 2357-5200-531-446100 Space Rental \$4,003.4 \$4,003.4 \$1,820.0 2357-5200-531-446105 LicnsPermit \$1,820.0 2357-5200-531-456105 LicnsPermit \$1,820.0 2357-5200-531-456120 St Reg Fees \$3,700.0 2357-5200-531-452001-030 Children Insurance \$1,559.0 2357-5200-531-452001-030 Children Insurance \$1,559.0 2357-5200-531-432083 MedDntt Exams \$400.00 \$11,001.0 \$36,483.4 Transfer To / Supplemental Expenditure Accounts: Account Number Account Name Amount 2357-5230-531-45000 A		(Check if new unbudgeted revenue / exp	enditure)			
Account Number	Transfer From / Supplemental Revenue:					
College tuition		Account Name	Amount			
2357-5200-531-444100	2357-5230-531-458000	Administrative travel	\$7,000.00			
Street S	2357-5230-531-456201	College tuition	\$7,000.00			
St Reg Fees \$3,700.0	2357-5200-531-444100	March 1997 - Anna Parish Control of the Control of	\$4,003.47			
2357-5200-531-452001-030	2357-5200-531-456105	LicnsPermit	\$1,820.00			
2357-5200-531-452001-030	2357-5200531-456120	St Reg Fees	\$3,700.00			
2357-5200-531-432083 MedDntl Exams \$400.00	TOPONESS PORCES CONTROL OF THE RESIDENCE OF THE PROPERTY OF TH		\$1,559.00			
Sacious Saci			\$400.00			
TOTAL \$36,483.4 Transfer To / Supplemental Expenditure Accounts: Account Number			\$11,001.00			
Transfer To / Supplemental Expenditure Accounts: Account Number \$7,000.0 2357-5230-531-461000 Mat&Supp \$7,000.0 2357-5200-531-460024 MedDntl Supplies \$22,483.4 TOTAL \$36,483.4 Justification for Request: Approved by Department Signing Authority: Aliza F Oliveros Director Frint Name/Title FOR AUDITOR'S USE ONLY Auditor's Office: Date: BA7/18 FOR BUDGET OFFICE USE ONLY Agenda Item:	2007 0200 001 110000		NAME OF TAXABLE PARTY.			
Account Number Account Name Amount 2357-5230-531-466000 4 5 6 2 2 4 Meet&Conf \$7,000.0 2357-5230-531-461000 Mat&Supp \$7,000.0 2357-5200-531-460024 MedDntl Supplies \$22,483.4 TOTAL \$36,483.4 Justification for Request: Approved by Department Signing Authority: Aliza F Oliveros Director Print Name/Title FOR AUDITOR'S USE ONLY Auditor's Office: FOR BUDGET OFFICE USE ONLY Agenda Item:		TOTAL L	ψου, που			
2357-5230-531-456009 456224 Meet&Conf \$7,000.00	Transfer To / Supplemental Expenditure Accounts:		ar an Carlottoga was a			
2357-5230-531-461000 Mat&Supp \$7,000.00 2357-5200-531-460024 MedDntl Supplies \$22,483.4 TOTAL \$36,483.4 Justification for Request: Approved by Department Signing Authority: Aliza F Oliveros Director Print Name/Title FOR AUDITOR'S USE ONLY Recommended by County Auditor's Office: Date: BA7/18 FOR BUDGET OFFICE USE ONLY Agenda Item: Agen	3/04/05/15/05/05/05/05/05/05/05/05/05/05/05/05/05	10	Amount			
2357-5200-531-460024 MedDntl Supplies \$22,483.4 TOTAL \$36,483.4 Justification for Request: Approved by Department Signing Authority: Aliza F Oliveros Director Print Name/Title FOR AUDITOR'S USE ONLY Recommended by County Auditor's Office: Date: 8/17/18 FOR BUDGET OFFICE USE ONLY Agenda Item:	2357-5230-531- 458000 456224	Meet&Conf	\$7,000.00			
Approved by Department Signing Authority: Aliza F Oliveros Director Print Name/Title FOR AUDITOR'S USE ONLY Recommended by County Auditor's Office: Date: 8/17/18 FOR BUDGET OFFICE USE ONLY Agenda Item:	2357-5230-531-461000	50 PROFESSION (1994) 1994 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995	\$7,000.00			
Approved by Department Signing Authority: Aliza F Oliveros Director Print Name/Title FOR AUDITOR'S USE ONLY Adenda Item:	2357-5200-531-460024	MedDntl Supplies	\$22,483.47			
Approved by Department Signing Authority: Aliza F Oliveros Director Print Name/Title FOR AUDITOR'S USE ONLY Adenda Item:						
Approved by Department Signing Authority: Aliza F Oliveros Director Print Name/Title FOR AUDITOR'S USE ONLY Auditor's Office: FOR BUDGET OFFICE USE ONLY Agenda Item:						
Approved by Department Signing Authority: Aliza F Oliveros Director Print Name/Title FOR AUDITOR'S USE ONLY Auditor's Office: FOR BUDGET OFFICE USE ONLY Agenda Item:		TOTAL	\$36,483.47			
Approved by Department Signing Authority: Aliza F Oliveros Director Print Name/Title FOR AUDITOR'S USE ONLY Auditor's Office: FOR BUDGET OFFICE USE ONLY Agenda Item:						
Aliza F Oliveros Director Print Name/Title FOR AUDITOR'S USE ONLY Auditor's Office: Date: 8/17/18 FOR BUDGET OFFICE USE ONLY Agenda Item:	Justification for Request:					
Aliza F Oliveros Director Print Name/Title FOR AUDITOR'S USE ONLY Auditor's Office: Date: 8/17/18 FOR BUDGET OFFICE USE ONLY Agenda Item:						
Recommended by County Auditor's Office: Date: 8/7/18 FOR BUDGET OFFICE USE ONLY Agenda Item:	Aliza F Oliveros Director Print Name/Title	Signature				
Agenda Commissioners Court Approval Date: Item :	Recommended by County	0174	8			
Commissioners Court Approval Date: Item :	FOR BI					
	0.001					
Date Entered by Budget Office: Initials:		<u></u>				
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Requesting Department : Head Start	ng Department : Head Start Date of Request: 08/16/2018	
Request Type (check one):		
Departmental Line Item Transfer (Check if transfer within existing budget)	Supplemental Budget (Check if new unbudgeted revenue / exp	enditure)
Transfer From / Supplemental Revenue: Account Number	Account Name	Amount
2357-5200-531-410000	Payroll	\$15,000.00
	TOTAL	\$15,000.00
	TOTAL	Ψ10,000.00
Transfer To / Supplemental Expenditure Accounts: Account Number	Account Name	Amount
2357-5200-531-460004	Classroom Supplies	\$15,000.00
2337-3200-331-400004	Classicon Supplies	ψ15,000.00
	TOTAL	\$15,000.00
	TOTAL	Ψ10,000.00
Justification for Request:		
Approved by Department Signing Authority:	0, (
Aliza F Oliveros Director	allera W	
Print Name/Title	Signature	
	AUDITOR'S USE ONLY	
Recommended by County Auditor's Office:	Date: 8/17	/2018
FOR BUIL	DGET OFFICE USE ONLY	
	Agenda	
Commissioners Court Approval Date:	Item :	
Date Entered by Budget Office:	Initials:	