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-

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Requesting Department : 406th Judicial I	District Adult Drug Court Program Date of Request: 09/27/2018	
Request Type (check one):		
Departmental Line Item Transfer		
(Check if transfer within existing budget)	(Check if new unbudgeted revenue f expe	enarure)
ransfer From / Supplemental Revenue:		
Account Number	Account Name	Amount_
2353-2040-003-459020	Other	\$7,800.00
		.
		
	TOTAL	\$7,800.00
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ransfer To / Supplemental Expenditure A Account Number	Account Name	Amount
2353-2040-003-421000	Health Life Insurance	\$7,800.00
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	TOTAL	\$7,800.00
Justification for Request:		
•	insurance additional funds are needed for fringe benefits. There i	s no impact to the
eneral fund.		
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Approved by Department Signing Authority:		
Oscar J. Hale, Jr/Presiding Ju	udge (animal) Pino (our	H Caminis
Print Name/Title	Signature Uff.	4. promissto
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இதிற்கத்தின் கார்கள் கொடியாக இதிக்கும். Recommended by County	FOR AUDITOR'S USE ONLY	
Auditor's Office:	Date:	<u> </u>
a Masilua kanga sa sa langa da pangang mangasa kanga sa kanga da sa	FOR BUDGET OFFICE USE ONLY	
		a ganggang ingkan karamat kangganan ini lain lain ingkan karamat galah Palifi Palifi (
a tiintisaatinteessi kantti saata saadaaakkeessi Tarittaska ka k	Agenda	
Commissioners Court Approval Date:	Agenda Item :	